



Quarterly Progress Report April 1 - June 30, 2014

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TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	iv
QUARTERLY PROGRESS UPDATE	8
Objective 1: Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.	8
1.1: <i>Expand counseling and testing (CT) services</i>	8
1.2: <i>Expand prevention of mother-to-child transmission (PMTCT) services:</i>	9
1.3: <i>Expand treatment services and basic health care and support</i>	10
Objective 2: Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.	15
2.1: <i>Strengthen laboratory and pharmacy support services and networks</i>	15
2.2: <i>Develop the capacity of facility and community-based health workers</i>	15
2.3: <i>Engage community/faith-based groups</i>	15
Objective 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions.....	16
3.1: <i>Increase the capacity of PMOs and DMOs to integrate the delivery of HIV/AIDS services with malaria programming as well as reproductive, maternal, newborn and child health services</i>	16
3.2: <i>Increase the capacity to integrate gender considerations in HIV/AIDS service delivery to improve program quality and achieve inclusiveness</i>	16
3.3: <i>Increase the problem-solving capabilities of PMOs, DMOs and health facility managers to address critical HIV/AIDS program and service delivery needs</i>	16
3.4: <i>Develop and implement strategies to prepare governmental entities in assuming complete programmatic responsibilities</i>	16
Objective 4: Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.	16
Objective 5: Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.....	16
STRATEGIC INFORMATION (M&E and QA/QI).....	17
RESEARCH	18
PopART STUDY	19
PROGRAM AND FINANCIAL MANAGEMENT	20
KEY ISSUES AND CHALLENGES.....	23
ANNEX A: Travel/Temporary Duty (TDY).....	24
ANNEX B: Meetings and Workshops this Quarter (Jul. – Aug., 2014).....	25
ANNEX C: Activities Planned for the Next Quarter (Jul. – Aug., 2014).....	26
ANNEX D: ZPCT II Supported Facilities and Services.....	32
ANNEX E: ZPCT II Private Sector Facilities and Services.....	43

LIST OF ACRONYMS

ADCH	-	Arthur Davison Children's Hospital
ANC	-	Antenatal Care
APN	-	Access Point Name
ART	-	Antiretroviral Therapy
ARTIS	-	Antiretroviral Therapy (ART) Information System
ARV	-	Antiretroviral
ASWs	-	Adherence Support Workers
AZT	-	Zidovudine
BD	-	Beckton-Dickinson
CD4	-	Cluster of Differentiation (type 4)
CHAZ	-	Churches Health Association of Zambia
CHC	-	Chronic HIV Checklist
CT	-	Counseling and Testing
DBS	-	Dried Blood Spot
DECs	-	Data Entry Clerks
DCMOs	-	District Community Medical Offices
DMOs	-	District Medical Offices
DNA PCR	-	Deoxyribonucleic Acid Polymerase Chain Reaction
EID	-	Early Infant Diagnosis
EMS	-	Express Mail Delivery
ESA	-	Environmental Site Assessment
FHI	-	Family Health International
GIS	-	Geographical Information System
GRZ	-	Government of the Republic of Zambia
HAART	-	Highly Active Antiretroviral Therapy
HCWs	-	Health Care Workers
IT	-	Information Technology
KCTT	-	Kara Counseling and Training Trust
LMIS	-	Laboratory Management Information Systems
MCH	-	Maternal and Child Health
MIS	-	Management Information System
MOH	-	Ministry of Health
MSH	-	Management Sciences for Health
MSL	-	Medical Stores Limited
NAC	-	National AIDS Council
OIs	-	Opportunistic Infections
PCR	-	Polymerase Chain Reaction
PEPFAR	-	U.S. President's Emergency Plan for AIDS Relief
PMOs	-	Provincial Medical Offices
PITC	-	Provider Initiated Testing and Counseling
PLHA	-	People Living with HIV and AIDS
PMTCT	-	Prevention of Mother to Child Transmission
PwP	-	Prevention with Positives
QA	-	Quality Assurance
QC	-	Quality Control
QI	-	Quality Improvement
RA	-	Recipient Agreement
RHC	-	Rural Health Centre
SOP	-	Standard Operating Procedures
TA	-	Technical Assistance
TB	-	Tuberculosis
TOT	-	Training of Trainers
TWG	-	Technical Working Group
USAID	-	United States Agency for International Development
UTH	-	University Teaching Hospital
ZPCT II	-	Zambia Prevention, Care and Treatment Partnership II

EXECUTIVE SUMMARY

MAJOR ACCOMPLISHMENTS THIS QUARTER

The Zambia Prevention, Care and Treatment Partnership II (ZPCT II) is a five-year (2009 to 2014) US\$ 124,099,097 task order with the United States Agency for International Development (USAID) through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). ZPCT II works with the Ministry of Health (MOH), the provincial medical offices (PMOs), and district medical offices (DMOs) to strengthen and expand HIV/AIDS clinical and prevention services in six provinces: Central, Copperbelt, Luapula, Northern, North Western and Muchinga. ZPCT II supports the Government of the Republic of Zambia (GRZ) goals of reducing prevalence rates and providing antiretroviral therapy (ART). The project implements technical, program and management strategies to initiate, improve and scale-up prevention of mother-to-child transmission (PMTCT); counseling and testing (CT); and clinical care services, including ART. Finally ZPCT II supports the expansion of MC services in 6 of the country's 10 provinces.

ZPCT II takes an integrated health response approach that views effective delivery of HIV/AIDS services not as an end, but as an opportunity to forge a stronger health care system. Integrating services, engaging communities and strengthening major system components that affect delivery of all services are the foundation for ZPCT II. During the quarter, ZPCT II provided support to all districts in Central, Copperbelt, Luapula, Northern, North Western and Muchinga Provinces. ZPCT II is further consolidating and integrating services in facilities and communities, to assure seamless delivery of a comprehensive package reaching the household level, regardless of location. At the same time, ZPCT II is working to increase the MOH's capacity to monitor, maintain and improve quality throughout the national health system by fully integrating ZPCT II quality assurance/quality improvement (QA/QI) systems into day-to-day operations at all levels. ZPCT II will implement quality and performance based plans to graduate districts from intensive technical assistance by the project's end.

ZPCT II continues to strengthen the broader health sector by improving and upgrading physical structures, integrating HIV/AIDS services into other clinical areas, increasing work force capacity, and strengthening key support structures, including laboratory and pharmacy services and data management systems. The goal is not only to reduce death and illness caused by HIV/AIDS, but also to leave the national health system better able to meet the priority health needs of all Zambians.

The five main objectives of ZPCT II are to:

- Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.
- Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.
- Increase the capacity of the PMOs and DMOs to perform technical and program management functions.
- Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.
- Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.

This quarter, ZPCT II supported 431 health facilities (400 public and 31 private) across 45 districts in six provinces. Key activities and achievements for this reporting period include the following:

- 198,394 individuals received CT services in 431 supported facilities. Of these, 140,491 were served through the general CT services while the rest were counseled and tested through PMTCT services.
- 57,903 women received PMTCT services (counseled, tested for HIV and received results), out of which 3,353 tested HIV positive. The total number of HIV-positive pregnant women who received ARVs to reduce the risk of MTCT was 2,635
- 153 public and 24 private health facilities provided ART services and all 177 report their data independently. A total of 10,067 new clients (including 594 children) were initiated on antiretroviral therapy. Cumulatively, 204,619 individuals are currently on antiretroviral therapy and of these 14,016 are children.

- MC services were provided in 54 public and 4 private health facilities this quarter. 16,948 men were circumcised across the ZPCT II supported provinces.
- 119 health care workers were trained by ZPCT II in the following courses: 80 in MC and 37 in family planning long acting reversible contraceptive methods(LARC)55 Community cadres underwent refresher training in ART adherence counselling

KEY ACTIVITIES ANTICIPATED NEXT QUARTER (Jul. – Aug. 2014)

The following activities are anticipated for next quarter (July – August 2014):

- Implement the No Cost Extension of ZPCT II and commence the process of closing out the ZPCT II project
- Closeout the recipient agreements with the provincial medical offices and UTH
- Finalize close out processes (i.e. submission of final financial reports and other outstanding issues)
- Continue the upgrade of SmartCare version V4.5.0.3 to V4.5.0.4 in all the ZPCT II supported sites that will require this service
- Training of health care workers in use of the Chronic HIV Care checklist to screen for Gender Based Violence among clients at facility level
- ZPCT II will implement three research protocols in different subject areas including: male involvement in PMTCT, WeB2SMS and QA/QI
- Continue monitoring the PopART activities in Kabwe, Ndola and Kitwe
- Monitor SMGL in Mansa

TECHNICAL SUPPORT NEXT QUARTER (Jul. – Aug. 2014)

The project does not anticipate any technical support during this quarter.

ZPCT II Project Achievements August 1, 2009 to June 30, 2014

	Indicator	Life of project (LOP)		Work Plan		Quarterly Achievements (Apr–Jun 2014)		
		Targets (Aug 09 - Aug 14)	Achievements (Aug 09 – Jun 14)	Targets (Jan 14 – Aug 14)	Achievements (Jan 14 – Jun 14)	Male	Female	Total
1.1 Counseling and Testing (Projections from ZPCT service statistics)								
	Service outlets providing CT according to national or international standards	430	431 (400 Public,31 Private)	430 (400 Public, 30 Private)	431 (400 Public,31 Private)			431 (400 Public,31 Private)
	Individuals who received HIV/AIDS CT and received their test results	1,318,243	2,442,319	460,933	290,653	73,630	66,861	140,491
	Individuals who received HIV/AIDS CT and received their test results (including PMTCT) ¹	2,175,030	3,466,119	647,557	406,587	73,630	124,764	198,394
	Individuals trained in CT according to national or international standards	2,000	2,014	20	20	0	0	0
1.2 Prevention of Mother-to-Child Transmission (Projections from ZPCT service statistics)								
	Service outlets providing the minimum package of PMTCT services	410	417 (391 Public,26 Private)	415 (389 Public, 26 Private)	417 (391 Public,26 Private)			417 (391 Public,26 Private)
	Pregnant women who received HIV/AIDS CT for PMTCT and received their test results	856,787	1,023,800	186,624	115,934		57,903	57,903
	HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	87,900	83,642	11,268	5,941		2,635	2,635
	Health workers trained in the provision of PMTCT services according to national or international standards	4,200	4,192	25	25	0	0	0
1.3 Treatment Services and Basic Health Care and Support (Projections from ZPCT service statistics)								
	Service outlets providing HIV-related palliative care (excluding TB/HIV)	430	431 (400 Public,31 Private)	430 (400 Public, 30 Private)	431 (400 Public,31 Private)			431 (400 Public,31 Private)
	Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children) ²	522,600	384,987	522,600	296,060	112,264	179,279	291,543
	Pediatrics provided with HIV-related palliative care (excluding TB/HIV)	41,500	21,226	41,500	20,099	9,876	10,138	20,014
	Individuals trained to provide HIV palliative care (excluding TB/HIV)	2,500	2,697	100	102	0	0	0
	Service outlets providing ART	170	177 (153 Public, 24 Private)	170	177 (153 Public, 24 Private)			177 (153 Public, 24 Private)
	Individuals newly initiating on ART during the reporting period	135,000	152,475	25,361	17,994	3,786	6,281	10,067
	Pediatrics newly initiating on ART during the reporting period	11,250	11,129	1,085	1,139	281	313	594

¹ Next Generation COP indicator includes PMTCT

² **Individuals provided with HIV-related palliative care (excluding TB/HIV) (adults and children).** This indicator is counted differently for ART and Non-ART sites:

A. ART site - This is a count of clients active on HIV care (active on Pre-ART or ART). This is a cumulative number and each active individual on HIV care at the ART site is counted once during the reporting period.

B. Non-ART site - This is a count of HIV positive clients who received HIV-related care in Out- Patient Departments (OPD) of the site during the reporting period (non-cumulative)

To get the total number of HIV-infected persons receiving general HIV-related palliative care for all ZPCT II supported site add A and B for the respective reporting period.

	Individuals receiving ART at the end of the period	205,102	204,619	205,102	204,619	80,729	123,890	204,619
	Pediatrics receiving ART at the end of the period	14,121	14,016	14,121	14,016	7,006	7,010	14,016
	Health workers trained to deliver ART services according to national or international standards	2,500	2,697	100	102	0	0	0
TB/HIV								
	Service outlets providing treatment for TB to HIV+ individuals (diagnosed or presumed) in a palliative care setting	430	431 (400 Public,31 Private)	430 (400 Public, 30 Private)	431 (400 Public,31 Private)			431 (400 Public, 31 Private)
	HIV+ clients attending HIV care/treatment services that are receiving treatment for TB	22,829	23,721	3,212	1,840	510	412	922
	Individuals trained to provide treatment for TB to HIV+ individuals (diagnosed or presumed)	2,500	2,697	301	102	0	0	0
	Registered TB patients who received HIV/AIDS CT and their test results at a USG-supported TB service outlet	32,581	49,655	10,201	5,864	1,797	1,102	2,899
1.4 Male Circumcision (ZPCT II projections)								
	Service outlets providing MC services	55	58 (54 Public, 4 Private)	55	58 (54 Public, 4 Private)			58 (54 Public, 4 Private)
	Individuals trained to provide MC services	390	470	130	80	67	13	80
	Number of males circumcised as part of the minimum package of MC for HIV prevention services	50,364	106,874	25,000	27,673	16,948	0	16,948
2.1 Laboratory Support (Projections from ZPCT service statistics)								
	Laboratories with capacity to perform: (a) HIV tests and (b) CD4 tests and/or lymphocyte tests	120	130 (114 Public,16 Private)	120	130 (114 Public,16 Private)			130 (114 Public,16 Private)
	Laboratories with capacity to perform clinical laboratory tests	145	167 (141 Public,26 Private)	145	167 (141 Public,26 Private)			167 (141 Public, 26 Private)
	Individuals trained in the provision of laboratory-related activities	900	963	97	0	0	0	0
	Tests performed at USG-supported laboratories during the reporting period: (a) HIV testing, (b) TB diagnostics, (c) syphilis testing, and (d) HIV/AIDS disease monitoring	5,617,650	6,906,984	1,193,563	819,518			416,719
2.2 Capacity Building for Community Volunteers (Projections from ZPCT service statistics)								
	Community/lay persons trained in counseling and testing according to national or international standards (excluding TB)	2,200	2193	141	0	0	0	0
	Community/lay persons trained in the provision of PMTCT services according to national or international standards	1,425	1440	0	0	0	0	0
	Community/lay persons trained in the provision of ART adherence counseling services according to national or international standards	800	818	140	93	22	33	55
3 Capacity Building for PHOs and DHOs (ZPCT II projections)								
	Local organizations (PMOs and DMOs) provided with technical assistance for HIV-related institutional capacity building	55	55	55	0			0
4 Public-Private Partnerships (ZPCT II projections)								
	Private health facilities providing HIV/AIDS services	30	31	30	31			31
Gender								
	Number of pregnant women receiving PMTCT services with partner	N/A	335,985	68,421	40,054			18,385
	No. of individuals who received testing and counseling services for HIV and received their test results (tested as couples)	N/A	812,931	N/A	97,165	16,799	23,001	39,800

QUARTERLY PROGRESS UPDATE

Objective 1: Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.

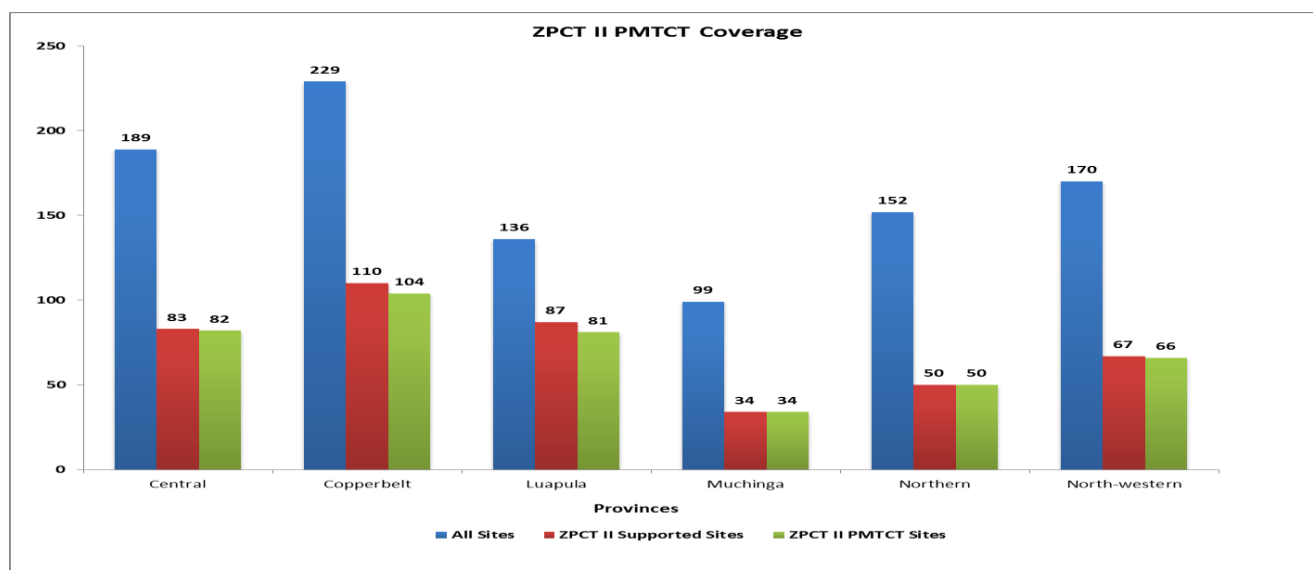
1.1: Expand counseling and testing (CT) services

HTC services were provided in 400 public and 31 private facilities in the six ZPCT II supported provinces. This quarter, a total of 140,491 clients were counseled, tested and received results (25,405 were children). Of these, 14,585 clients tested HIV positive and were referred for assessment for cART. Supervision assessment follow-up visits were conducted for the trained counselor supervisors to ensure efficiency and effectiveness in the implementation of HTC services in supported facilities of Luapula, Northern and Muchinga provinces. In addition, the ZPCT II technical staff working with staff from PMOs and DCMOs continued to provide technical assistance (TA) to HCWs and lay counselors to ensure high uptake of HIV testing, collection of same day results and effective linkage to clinical care for ART services, family planning and MC. TA focused on:

- Couple counseling and testing: Mentorship of HCWs and lay counselors continued on the importance of couple counseling, with referral to other care services, like ART according to eligibility, and family planning for positive clients. Negative male clients were referred for MC services and counseled on the risk behaviors and safer sex practices. A total of 21,741 HTC clients and 18,358 PMTCT clients received HTC as couples, out of which 788 were discordant couples. All were referred for ART services in line with the current national HIV treatment guidelines.
- Integrating HTC into other health services: Provider initiated testing and counseling (PITC) with use of opt out approach to integrate HTC into other health services. During the reporting period, 12,214 FP clients were provided with HTC services; 4,970 males received CT services as part of a minimum package for MC; and 757 TB clients with unknown HIV status received HTC services.
- Other FP/HIV integration activities: ZPCT II technical officers provide mentorship of health providers in HTC to strengthen the FP/HIV integration. 7,151 HTC clients were referred for FP and 4,368 of them were provided with FP services.
- Retesting of HIV negative clients: ZPCT II technical officers in collaboration with the DCMOs strengthened mentorship of HCWs and lay counselors to support re-testing of all HIV negative clients after the three month window period. As a result, a total of 38,195 clients were re-tested for HIV during this reporting period and 4,289 (11.2%) sero converted. Those who sero converted were linked to care, treatment and support services and risk reduction counseling. The risk reduction counseling and behavioral change messages are given to the HIV negative clients.
- Pediatric HTC services: Hands on mentorship of HCWs and lay counselors on routine child CT continued being provided in under-five clinics and pediatric wards in order to strengthen HIV testing and counseling in these setting. This reporting period, 1,059 children were tested for HIV in under-five clinics and 24,346 in pediatric wards across the six supported provinces. Of these, 1,035 tested positive for HIV, received their test results and 665 were linked to care and treatment services and entered on Pre-ART. 594 children were commenced on ART.
- Screening for chronic conditions within HTC services: In collaboration with the DCMOs, ZPCT II technical officers have continued to provide mentorship of HCWs and lay counselors on the routine use of Chronic HIV Care (CHC) symptom screening checklists to screen for hypertension, TB, and diabetes mellitus in CT sites. During the quarter, a total of 10,858 clients were screened for chronic conditions in the HTC services compared to 16,568 clients screened last year in the same reporting period.
- Integration of screening for gender based violence (GBV) within HTC services: Screening for GBV has continued as part of the integration strategy. A total of 9,964 CT clients were screened for GBV and those that needed further support were referred to other service areas such as counseling, medical treatment, emergency contraception and legal aid.

1.2: Expand prevention of mother-to-child transmission (PMTCT) services:

389 public and 26 private health facilities provided PMTCT services in the six ZPCT II supported provinces. ZPCT II technical staff provided TA in PMTCT to HCWs and lay counselors in all the facilities visited this quarter.

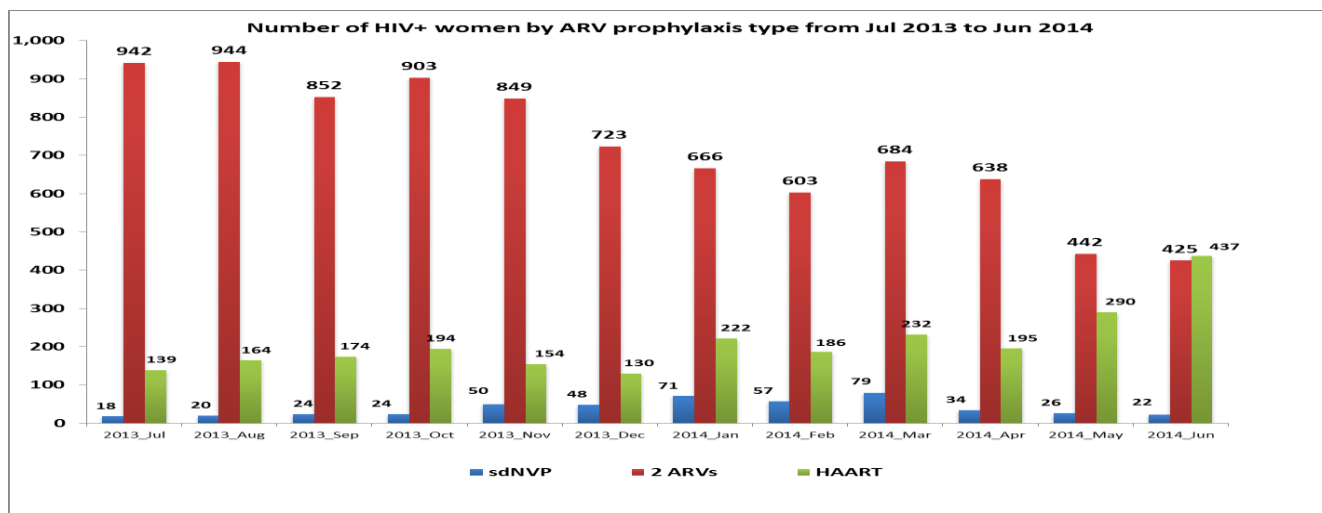


57,903 ANC clients were provided with eMTCT services this quarter. Of these, 3,353 tested HIV positive and 2,635 received ARVs for eMTCT. Routine HIV testing in eMTCT services is ongoing using the Opt out strategy.

ZPCT II technical staff participated in national HIV prevention activities and provided support towards roll out of option B+. The participation in the various consultative meetings is ongoing and ZPCT II will support as much as possible the roll out of Option B+ in hundred priority eMTCT sites. This quarter, the following were addressed; partners gave an update on Option B+ rollout, number of HCWs trained, and technical issues; for example in instances where a woman refuses to take Option B+ and how this should be documented. The community PMTCT trainings packages were also shared.

Areas of focus during this period in eMTCT included:

- Provision of combination ARV regimens for HIV positive pregnant women: Orientation of HCWs on option B+ is ongoing in selected sites. 336 HCWs were oriented during this quarter under review. A total of 2,098 HIV positive pregnant women were assessed for eligibility by CD4 or WHO clinical staging. All were eligible for a combination antiretroviral therapy (cART) and 1,114 were initiated on cART.
- Strengthening early infant diagnosis (EID) of HIV for exposed babies: As part of ongoing pediatrics HIV efforts to strengthen EID, ZPCT II technical officers in collaboration with the DCMOs continued to follow-up on HIV exposed infants and HIV positive mothers through MNCH services. A total of 5,775 samples were collected and sent to the PCR laboratory at ADCH from 347 health facilities providing EID services and 497 were reactive.
- Re-testing of HIV negative pregnant women: ZPCT II supported health facilities in strengthening HIV retesting for pregnant women who test HIV negative early in pregnancy and before delivery with emphasis on accurate documentation in the eMTCT registers. During this reporting period, 14,714 pregnant women were re-tested and 343 tested HIV positive (sero-converted). Those who sero-converted were provided with ARVs for eMTCT referred for cART.



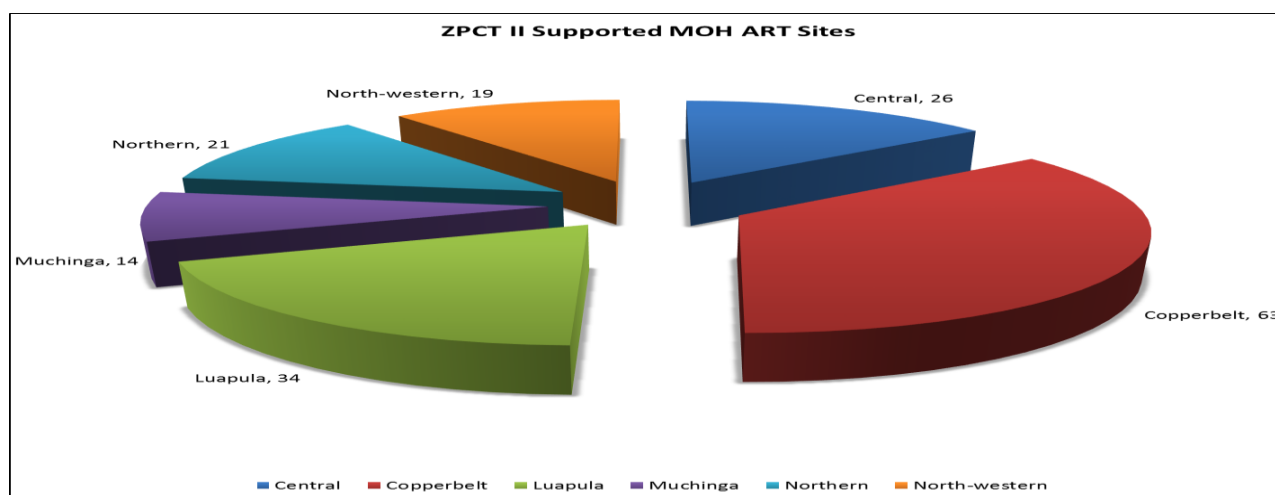
Other TA areas of focus under PMTCT included:

- Integrating family planning within ANC/PMTCT and ART services:** ZPCT II provided mentorship to the HCWs and lay counselors and support through technical assistance to health care workers on the importance of FP counseling in eMTCT and ART to clients seeking these services. Provincial, district and facility level meetings were conducted to advocate for integration of FP into the existing HIV services in 12 model sites in six provinces of Central, Copperbelt, Luapula, Muchinga, Northern, and North-Western. The meetings discussed the proposed FP/HIV integration activities under the support of ZPCT II in collaboration with Zambia Integrated Systems Strengthening Program (ZISSP). The procurement process for FP equipment and other items to facilitate provision of long acting reversible contraceptive methods (LARC) in the 12 model sites has been done with distribution of items already undertaken. ZPCT II will continue working in collaboration with ZISSP to support the trainings of HCWs in LARC to leverage resources. Two trainings of HCWs in LARC have been conducted by ZPCT II while ZISSP will conduct the TOT trainings.
- Project Mwana to reduce turnaround time for HIV PCR results:** The implementation is ongoing in selected facilities and the majority of sites. Printers were distributed to the facilities with Mwana program to improve the delivery of results and ensure prompt initiation of children on cART. ZPCT II in collaboration with UNICEF is currently evaluating the effect of mHealth (Program Mwana) on the rate of ART initiation. Clients receive HIV positive results through mobile phone SMS from the reference laboratories for children below 18 months of age in all the six provinces.

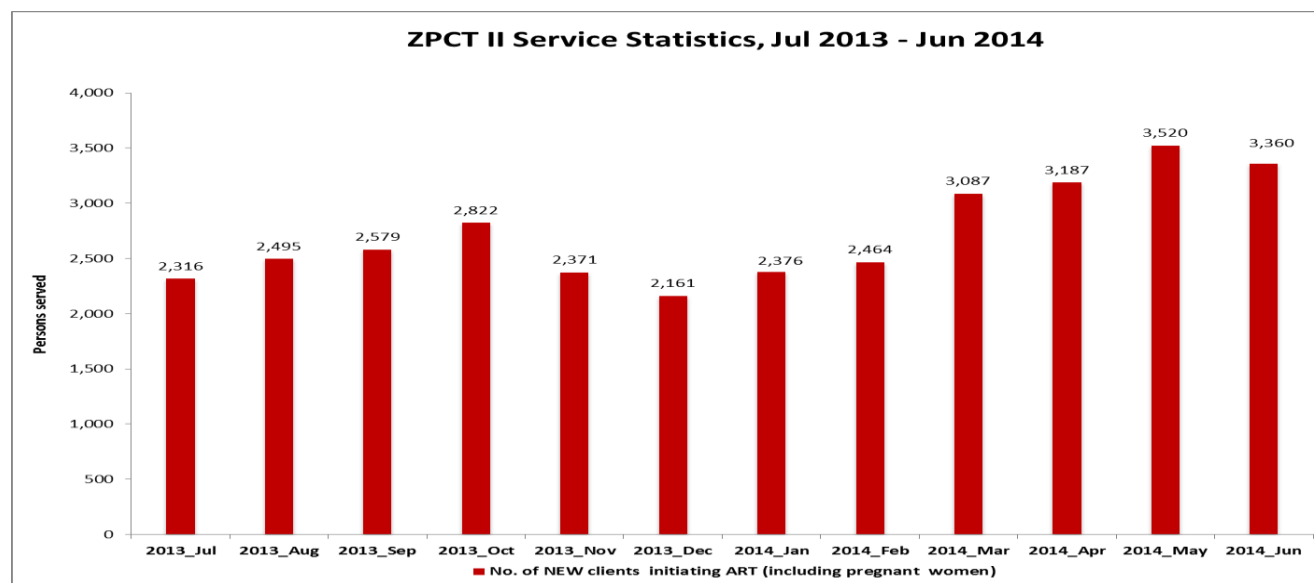
1.3: Expand treatment services and basic health care and support

ART services

153 public and 24 private health facilities provided ART services in the six ZPCT II supported provinces. All the 177 ART facilities report their data independently.



10,067 new clients (including 594 children) were initiated on antiretroviral therapy this quarter, out of which 141 were HIV positive individuals in HIV discordant couples and 1114 HIV positive pregnant women that were identified through the PMTCT program – this is approximately 36.61 % of all eligible HIV positive pregnant women cumulatively. There are 204,619 patients that are receiving treatment through the ZPCT II supported sites, including 14,016 children. This quarter, 139 patients on treatment were switched to second line regimen due to treatment failure. As part of HIV/FP integration, 11,421 patients in care were referred for FP services.



During this quarter, the TA focused on the following:

- Participation and progress in the development of Consolidated HIV Management Guidelines: The consolidated guidelines were printed and ZPCT II was working with other partners and the Ministry of Health on distribution of the guidelines and orientation of health care workers in the six supported provinces, districts and facilities. Orientation trainings of HCWs is still ongoing.
- HIV Nurse Practitioner (HNP) program: Through provincial teams ZPCT II provided technical support and hands on mentorship to trained HIV nurse practitioners. Most are now able to manage the ART services in their respective facilities and some have been given more responsibilities. In supported facilities with HNPs ART services are better organized and well managed. Policy decision on the HNP training program was still being awaited from MOH.
- Web2SMS initiative: The ZPCT II IT team has been working with the internet service provider MTN to install the Access Point Name (APN) radio link in the last quarter with a view to improving the data entry clerks (DECs) access to internet services from FHI 360. This is meant to improve patient and laboratory results tracking system and is a complementary approach to the Mwana (Mhealth) and the DBS encrypted results systems. Detailed flow charts have been developed to be used as job aids for supported facilities for Web2sms, Mhealth and encrypted DBS results for efficient management of the EID process and patient tracking system. There is strong possibility to consider non internet based ways to send SMS in the next generation of the project as it is likely to be less cumbersome. During the quarter under review, the web2sms system was being evaluated and a report being compiled.
- Post exposure prophylaxis (PEP): PEP services were provided in 345 supported facilities. Documentation of these services was being done using the standard national PEP registers. ZPCT II continued to support implementation of infection prevention procedures in the facilities following infection prevention guidelines (IPGs). A total of 134 clients received PEP services during the quarter under review as follows: exposure type I (sexual) 57, exposure type II (occupational) 59 and other exposure 18.
- Model sites: During the quarter, no model site mentorship activities were conducted due to project close out activities. Provincial ZPCTII staff however, provided hands on mentorship to HCWs in model site facilities. An evaluation report on the achievements and lessons learnt of model site activities has been compiled and is in the process of being finalized.

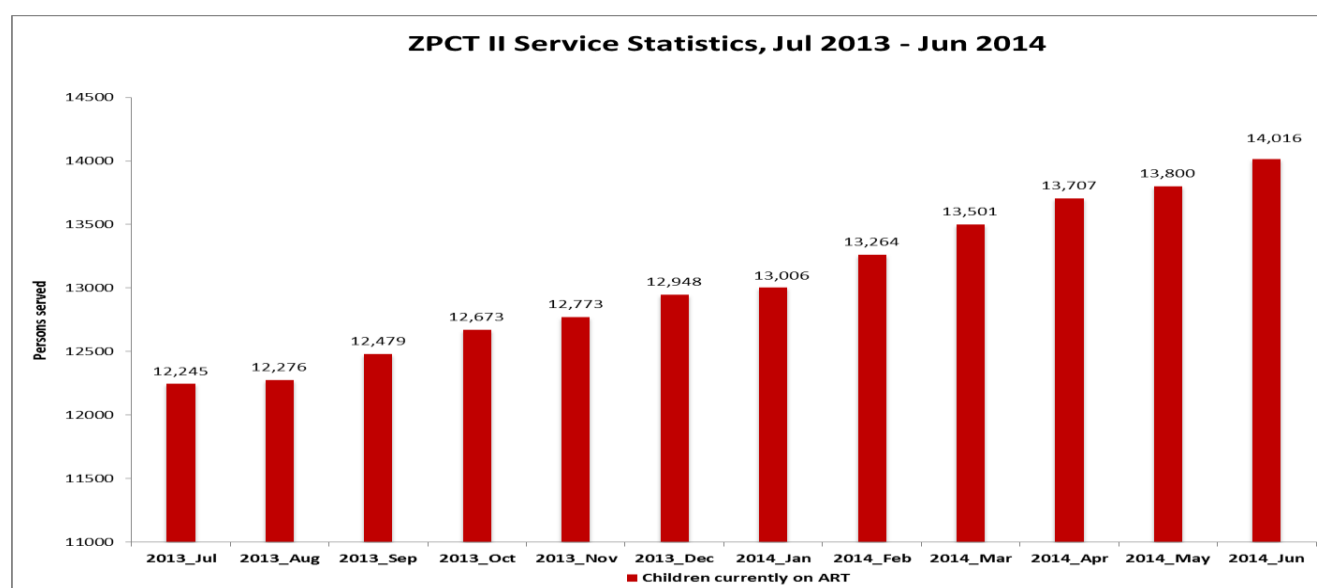
- USG Interagency clinical audit: During the quarter, the USG team from the Office of the Global AIDS Coordinator (OGAC) and PEPFAR in Washington in the US participated in the country level implementation level clinical audit to appreciate current state of the HIVAIDS program from various partner sites. The ZPCT II sites audited included; Nkole HC in Kapiri; Lubuto, ADH and Chipulukusu in Ndola; Shimukunami and Lumpuma HCs in Lufwanyama.

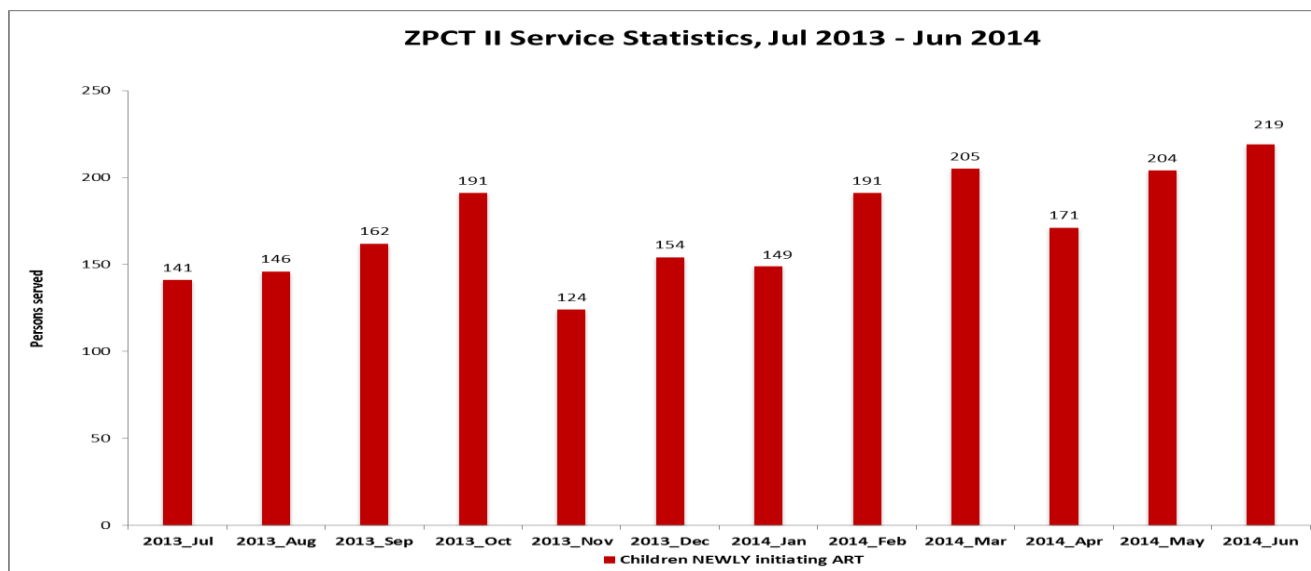
Pediatric ART activities

This quarter, ZPCT II supported the provision of quality pediatric HIV services in 177 ART sites. From these facilities, 594 children were initiated on antiretroviral therapy, out of which 188 were below two years of age. Of all the children on treatment during the quarter, 491 children remain active/alive on treatment.

The focus of technical assistance by ZPCT II for pediatric ART included:

- Strengthening of early infant diagnosis of HIV and enrollment into HIV care and treatment: ZPCT II supported the different systems to reduce the turnaround time for results in the EID program and early initiation on treatment for those found to be HIV positive. This included fast tracking encrypted DBS results for HIV positive babies through email to provincial staff for onward submission to health facilities, web2sms and Mwana health project. Technical support was provided across the six supported provinces in the follow-up and initiation on ART of HIV positive babies. Of the 182 HIV positive babies less than two years of age, 188 were initiated on ART.
- Adolescent HIV services: 15 adolescent HIV clinics were operational this quarter. Copperbelt has six sites (Kitwe Central, Ndola central, Arthur Davidson Hospital Nchanga North General Hospital, Chimwemwe and Lubuto HCs); North-Western has three sites (Solwezi Urban, Mufumbwe and Mwinilunga District Hospitals); Northern and Muchinga Provinces have two sites (Mbala and Mpika District Hospitals respectively); Central Province has Kabwe General and Kapiri District Hospitals; and Luapula has Mansa General Hospital. During the quarter, no adolescent HIV activities to address stigma, status disclosure and SRH challenges among adolescents were undertaken due to project close out activities. A total of 460 adolescents were initiated on ART during this period.
- National level activities: SmartCare forms which have been revised and realigned with the 2014 National ART guidelines. Printing of the guidelines is still pending consensus between the SmartCare programmer, clinical team and M&E.





Clinical palliative care services

400 public and 31 private health facilities provided clinical palliative care services for PLHA this quarter. A total of 291,543 clients received care and support at ZPCT II supported sites. The clinical palliative care package consisted of provision of cotrimoxazole (septrin), nutrition assessment using body mass index (BMI), screening for TB and pain management. In addition, ZPCT II also supported screening of chronic conditions such as hypertension and diabetes mellitus.

- Managing HIV as a chronic condition: ZPCT II supported screening for selected chronic conditions in patients accessing HIV services. This quarter, 6,665 patients were screened for diabetes using the chronic HIV checklist.
- Nutrition assessment and counseling: ZPCT II supported the clinical assessment and counseling of nutrition in HIV treatment settings using body mass index (BMI). A total of 8,183 were assessed for nutritional status using BMI.
- Screening for gender based violence (GBV) in clinical settings: Using the CHC screening tool, 5,445 clients were screened for GBV in ART clinical settings primarily by ASWs. Those found to have GBV related issues were referred to other services as needed such as those needing further counseling, shelter, economic empowerment support, paralegal services, etc.
- Cotrimoxazole prophylaxis: ZPCT II supported the provision of cotrimoxazole for prophylaxis to PLHA both adults and children, in accordance with the national guidelines. This quarter, 7829 clients were put on cotrimoxazole prophylaxis, including 2,594 initiated on cotrimoxazole through the PMTCT program.

1.4: Scale up Voluntary Medical Male Circumcision (VMMC) services

Technical assistance, mentorship and supportive supervision were provided in the sites (54 public and 4 private health facilities). During the reporting period, 16,948 men were circumcised (8,525 in static sites and 8,423 through outreach MC services). Out of the total males circumcised, 9,162 males were in the age group 15-49 and 6,165 were counseled and tested for HIV before being circumcised (67.28 %).

- Participation in provincial level MC TWG: During the quarter, the field technical team focused on support and participating in provincial management meetings. These meetings were designed to update the DMOs and facility in charges on the planning and sustainability strategies for MC program in all supported facilities in readiness for the ZPCT II close-out.
- VMMC service quality improvement and quality assurance: ZPCT II field staff conducted data review meetings with PMOs supervising teams in all the supported provinces this quarter. The team reviewed quality indicators such as post operative review, reporting of adverse events (AEs) and linkage to care. In addition, the field team participated in preparing sites for meeting accreditation standards as prescribed

under the national guidelines. During the reporting period, of 16,948 male circumcised 13,026 (76.85%) returned for post operative care within 14 days, 8 AEs were reported during the quarter and 104 tested HIV positive and collected results.

- Capacity building: This reporting period, ZPCT II conducted four training sessions for HCWs standard surgical national curriculum for in male circumcision. The training was targeted at HCWs based at static and selected outreach sites so that they will ensure safe and quality MC service delivery in their respective sites. A total of 53 HCWs were trained in the supported provinces as follows; Central (13), Copperbelt (14), Northern (13) and Muchinga (13).
- MC outreach activities: ZPCT II supported the National MC April campaign activities in all the six provinces, and a total of 8,423 males were circumcised. ZPCT II has provided support to scale up MC services through the district based outreach model in the supported districts. Additionally, community mobilization and community radio activities were undertaken, including the use of Zambia National Information Service (ZANIS) announcer which was adopted in areas with limited community radio coverage.
- Traditional Leaders VMMC engagement: During the period under review, ZPCT II had planned to conduct activities in two chiefdoms of Chief Kapijimpanga in North-Western Province and Chief Puta in Luapula Province in collaboration with SHARE II. Whereas the North-Western Province activity did not take place due to unforeseen logistical challenges, the activity in Chief Puta was conducted during the first week of May 2014 with 805 MCs being subsequently performed. The SHARE II conducted orientation meetings for groups of 60 traditional community leaders aimed at addressing myths and misconceptions, building support for key stakeholders for VMMC and sending the appropriate message to communities. A total of 240 Traditional leaders were oriented in four zones of Chief Puta's area.
- National level MC activities: ZPCT II participated in all national TWG meetings that focused on strengthening partner collaboration with GRZ and implementing partners. During the quarter, ZPCT II participated in the planning meeting for the USG/MOCTA strategy for traditional leader's engagement for VMMC demand creation. Under this strategy, ZPCT II will continue to work with traditional leaders in the next quarter.

TB-HIV services

ZPCT II supported health facilities to implement TB/HIV services during this quarter. The focus for technical support included:

- Improving screening for TB: Intensified Case Finding (ICF) for TB was continued in the supported health facilities with 12,189 patients seen in Clinical Care/ART clinics screened for TB, 992 patients receiving HIV care and treatment were also receiving TB treatment. 583 TB patients were started on ART. 1166 of the 3081 TB infected patients with unknown HIV status received counseling and testing for HIV in the quarter. Emphasis was placed on capturing data of TB patients with unknown HIV status so that this area is further strengthened.
- TB and HIV co-management: ZPCT II mentored MOH staff and monitored the linkages for HIV positive TB clients who are eligible for ART and how early they were initiated on ART this quarter. Trends showed that 249 (42.71 %) of clients were initiated on ART within 60 days of starting TB treatment compared with 173 initiated after 60 days while 161 (27.61%) TB patients were initiated on ART within 30 days of commencing TB treatment. Further work at program level is being done to further enhance ART uptake in the first 30 and 60 days respectively.
- Establish referral of TB/HIV co-infected patients from ART clinics to TB corners: Discussions have been held with district and facility TB/HIV coordinators in three districts on implementing the one stop services for TB and HIV. Next step is to identify TB facilities that do not have ART services and training health care workers to manage treatment of TB/HIV co-infection.
- The 3 I's protocol: ZPCT II supported TBCARE 3I's in training field staff in ART/OI management with focus on TB/HIV collaborations. This quarter for example, the following indicators were reported: proportion of facilities that are implementing TB DOTS uptake at 83% (15/18 facilities), number of

facilities implementing TB Infection Control measures at 84% (31/37 facilities). TB treatment success rate was (84%) percent and ART uptake among TB/HIV co-infected patients was (66%).

Objective 2: Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.

2.1: Strengthen laboratory and pharmacy support services and networks

This quarter, MSH submitted a final report to show the work completed under the Zambia Prevention, Care and Treatment Partnership (ZPCT II) from August 2009 to May 2014, with a specific focus on strengthening laboratory and pharmacy services.

Laboratory services

At the end of this quarter, ZPCT II supported 141 laboratories in public health facilities and 26 laboratories in the private health facilities, bringing the total number of laboratories supported to 167 across the six supported provinces. This surpassed the life of project target of 121. Through the ZPCT II project, MSH provided support in technical assistance, renovations, equipment maintenance, training, and procurement of equipment for these sites.

ZPCT II continued working with HCWs in the supported sites to assure uninterrupted of services, and ensure functionality of laboratory equipment and availability of required commodities and reagents.

Pharmacy services

MSH provided support for the strengthening and monitoring of ART pharmacy services in 431 facilities, of which 31 are in the private sector. This represents 100% of ZPCT II supported ART, PMTCT, and CT sites. This quarter, ZPCT II continued working with HCWs in strengthening facility supply chain linkages to improve stock availability, and reduce on stock imbalances at service delivery points in supported provinces.

2.2: Develop the capacity of facility and community-based health workers

Trainings

ZPCT II supported the following trainings during the quarter as follows:

- *Clinical care/ART:* 55 lay counselors underwent refresher training in adherence counselling in Copperbelt province.
- *Male Circumcision:* 80 HCWs underwent training in Male Circumcision in Central, Copperbelt Northern, Muchinga, Northwestern and Luapula provinces
- *Family Planning:* ZPCT II supported training of 39 HCWs in family planning long acting reversible contraceptive methods in Central, Copperbelt, Luapula, Muchinga, Northern, and North-Western provinces

In addition, ZPCT II supported B+ orientation of 236 HCWs in all the six supported provinces

2.3: Engage community/faith-based groups

During this quarter, CARE International submitted a final report for the community mobilization and referral networks under the Zambia Prevention, Care and Treatment Partnership (ZPCT II) from August 2009 to May 2014.

The 1,320 community volunteers supported under ZPCT II project (353 ASWs, 530 Lay counselors, and 437 PMTCT lay counselors) continued providing critical services in the supported sites this quarter. The volunteers supported and participated in various community mobilization activities such as adherence support to ART clients, demand creation for CT, MC, PMTCT, safe motherhood and clinical care services, and organizing national commemoration events such as National VCT Day.

In addition, ZPCT II continued coordinating with the PMOs, DCMOs, District Aids Task Forces (DATFs), and other partners in the six provinces to improve functionality of district-wide referral networks.

Objective 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions.

3.1: Increase the capacity of PMOs and DMOs to integrate the delivery of HIV/AIDS services with malaria programming as well as reproductive, maternal, newborn and child health services

During the reporting period, ZPCT II and DCMO/PMO staff conducted joint technical support visits to health facilities and worked with facility staff in monitoring integration of HIV/AIDS services into MOH health services for reproductive health (RH), malaria, and maternal, newborn and child health (MNCH). Health care workers in the MNCH departments have been trained to provide family planning as part of the regular package of MNCH services.

3.2: Increase the capacity to integrate gender considerations in HIV/AIDS service delivery to improve program quality and achieve inclusiveness

ZPCT II implemented routine activities like couple counseling and screening for GBV in CT, FP, PMTCT and ART during this quarter. 18,931 clients were screened for GBV in PMTCT/ART/CT settings using the engendered CHC checklist, while 39,800 number of individuals who received testing and counseling services for HIV and received their test results (tested as couples) at ZPCT II participating health facilities. 57 survivors of rape were provided with PEP this quarter. Efforts to increase levels of knowledge among health care workers, the community members and the community volunteers have continued.

3.3: Increase the problem-solving capabilities of PMOs, DMOs and health facility managers to address critical HIV/AIDS program and service delivery needs

The ZPCT II staff working with the MOH at facility level, continued mentoring health care workers in the use of QA/QI data to improve quality of service delivery in areas noted according to the national SOPs and guidelines this quarter. Quarterly feedback meetings, attended by facility and DMO staff, were held at district level to discuss data trends and use. The focus was on how to use data to influence decision making at both health facility and DMO level.

3.4: Develop and implement strategies to prepare governmental entities in assuming complete programmatic responsibilities

This quarter, the subcontract between FHI 360 and Cardno EMG under the ZPCT II project was closed. A final report by Cardno Emerging Markets (Cardno) was presented to show the work completed under the Zambia Prevention, Care and Treatment Partnership (ZPCT II) from August 2009 to February 2014, with a specific focus on the capacity building program in the last quarter.

Objective 4: Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.

This quarter, there were close out meetings held with private health facilities. All the active PPP sites reported their service statistics and the MOUs have been closed. A total of 31 private sector health facilities have received support in form of capacity building, onsite technical assistance, linkage to district ARV and sample referral systems.

Objective 5: Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.

ZPCT II collaborated with Ndola DMO and Kitwe DMO to provide technical support in service integration for the Ndola Diocese's community home-based care program in Ndola and Kitwe districts. ZPCT II provided technical and logistical support in the provision of ART outreach to Chishilano and Twatasha Home Based Care centers, respectively. However, effective April 2014, the MOUs with FHI 360 expired and DCMOs and PMOs have taken over the service and are collaborating directly with Ndola Diocese.

STRATEGIC INFORMATION (M&E and QA/QI)

Monitoring and evaluation (M&E)

The 32 trainees that were trained in SmartCare last quarter had their post test results sent to their email addresses. Those that passed still await certification from the Ministry of Health. Meanwhile the provincial IT staff have continued networking of computers in MCH, ART clinic and pharmacy in sites with more than one computer. SmartCare software at ZPCT II Lusaka office is still not working well with all the merged transport databases as some reports cannot run. The problem will get resolved once the updated new version of SmartCare version 4.5.0.6 is released. This quarter, the SI unit participated in the testing of SmartCare version 4.5.0.6 which is about to be released when the identified bugs get worked on.

The SI unit continued collaborating with other FHI 360 partners and technical units during the quarter. SI unit collaborated with MOH & FHI 360/Thrive project in training MOH staff implementing Zambia Nutritional Assessment Counseling and Support (ZAMNACS) in Eastern Province in Quality Improvement. The SI unit further continued participation in operational research related to ZPCT II work in the area of male involvement in PMTCT, using SMS technology to improve retention, using QA/QI to measure sustainability, FP/HIV Integration evaluation and training studies. The male involvement and QA/QI studies are at draft report stage while the rest are still at analysis stage.

During the reporting period, the unit began the process of developing a budget for piloting MOH's District Health Information System DHI2 in supported sites as a preparatory stage to a planned full implementation. Piloting is expected to commence this year after September 2014. Last quarter, ZPCT II successfully compiled the semi-annual PEPFAR report with new MER indicators.

This quarter, ZPCT II updated the M&E plan with new data elements. The database for the Ministry of Community Development Mother and Child Health was developed to track the implementation of Option B+ in ZPCT II supported sites. A monthly report will be generated from the database and shared with other stakeholders at the monthly Technical Working Group meetings.

Additionally, the SI unit provided field support to Northern, Muchinga, Central, Copperbelt and North Western provinces in data management.

Quality assurance and quality improvement (QA/QI)

ZPCT II continued monitoring the implementation of quality improvement (QI) projects across the six supported provinces. This quarter, the QA/QI Advisor visited Luapula and Central provinces to monitor and support implementation of the QI projects. Total of eight QI projects were supported by ZPCT II of which four have accomplished their objectives.

The following are the four projects that have accomplished their objects:

- Bridging missed opportunities in PMTCT' at Buntungwa Health Centre in Luapula, this project aims to increase CD4 access for HIV positive pregnant women at Buntungwa HC from 0% to 95% in eight months through same day CD4 sample collection from all HIV positive mothers at MCH and laboratory analysis, the project achieved 100% access to CD4 count.
- Improving Access to Baseline CD4 for HIV Positive Pregnant Women in Central Province, this QI project was implemented at Railway surgery in Kabwe. This aim was to improve access to DC4 count by HIV positive pregnant women through improved turn-around time for CD4 count sample referral. The project improved the CD4 count turn-around time from average of 21days to 5days.

- QI project in Ndola is implemented at Railway Surgery aimed at reducing the reporting date of submitting reports to DCMO from the 10th to the 5th day of every month. Some of the strategies employed were to maximize the engagement of community volunteers by ensuring their availability at each clinic to alleviate work load due to staff shortage & In-charge to randomly check data entry in the registers at least three times per week. The project achieved reduction on submission date to with 5th day of the following month.
- Improving uptake for screening of chronic conditions in MCH at Kimasala Clinic in North-Western Province. The aim of this project is to increase screening for Chronic Health Conditions (CHC) at Kimasala Clinic from 4% to 90% in nine months by screening every pregnant woman who comes for ANC check and every client who comes for CT. This project aimed to improve screening for CHC though achieved 60% and not the desired 90%.

The following are the QI projects still being implemented:

- Mutanda Rural Health Centre in Solwezi. Strengthening specimen referral for all positive pregnant women at. The aim of this QI project is to increase CD4 assessment accessibility for HIV positive pregnant women in PMTCT settings from 0% to 95% in 10 months through same day CD4 sample collection from all HIV positive mothers at MCH and laboratory analysis.
- Mungwi District's QI project is aimed at increasing the minimum number of voluntary male medical circumcision (VMMC) cases that are reported through Mungwi Baptist site from of 8 clients to 40 clients per month by the end of third quarter 2014; resolving this problem will contribute positively to the HIV prevention strategies.
- Mpulungu QI project is aimed at establishing a reliable logistics system for satellite ARV dispensaries. The team desires to implement a requisition & report (R&R) system for the satellite ARV dispensaries. The QI team plan to conduct a detailed system analysis, conduct a root-cause analysis and ensure that improvement measurement system is well established.
- Retesting of HIV negative pregnant women in MCH at Solwezi General Hospital. The aim of the QI project is to increase the number of HIV negative pregnant women re-testing for HIV at subsequent ANC visits.

Quality Assurance/Quality Improvement Assessments

During the quarter, no district was eligible for QA/QI assessment, only non-graduated districts were eligible for assessment with only one district yet to be graduated. Only graduation assessment tools were administered this quarter.

District graduation and sustainability plan

Nine districts were graduated from intensive technical assistance bringing the total number of graduated districts to 41 this reporting period. This represents 98% of the targeted 42 districts, all districts in Central, North-Western, Luapula and Northern/Muchinga provinces have graduated. Only Kitwe District on the Copperbelt is yet to graduate and is scheduled to graduate in July 2014.

RESEARCH

ZPCT II continued analyzing data for different operational research (OR) projects that were conducted, and writing abstracts for submission to international conferences; and manuscripts for submission to peer reviewed journals this reporting period.

The following abstracts were accepted at the *8th International Workshop on HIV Treatment, Pathogenesis and Prevention Research in Resource-poor Settings (8th INTEREST) workshop* which took place in Lusaka, Zambia from May 5 – 9, 2014:

- Evaluating the effect of mobile health technology (program Mwana) on the rate of ART initiation in HIV infected children below 18 months. This was a poster presentation.

- The effect of male involvement in ANC on PMTCT and on where obstetric delivery occurs in primary health care facilities in Zambia. This was a poster presentation.
- Primi-gravida HIV Positive Women Newly Initiated on ART May Require Additional Support in HIV Care: Findings from Zambia

Also, ZPCT II submitted abstracts that were accepted at the 20th *International AIDS Society (IAS) conference* to be held in Melbourne, Australia from July 20 – 25, 2014. These include:

- Enhanced systems for tracking referrals to family planning from HIV services - does it help increase uptake of FP services? This has been accepted as a poster presentation.
- Assessing the retention in care for patients on antiretroviral therapy in rural Zambia. This has been accepted as a poster presentation.

This quarter, the research unit continued to write the manuscripts in the following:

- Identifying factors associated with graduation from intensive technical assistance of ZPCT I AND ZPCT II's PEPFAR-funded HIV/AIDS program, through use of QA/QI initiatives in 42 MOH districts.
- Evaluating the effectiveness of the ZPCT II specimen referral system for CD4 assessment.
- The effect of male involvement in ANC on PMTCT and on where obstetric delivery occurs in primary health care facilities in Zambia.
- Family Planning and HIV Services Integration: Enhanced systems for tracking referrals to FP from HIV services - does it help increase uptake of FP services?
- Assessing the retention in care for patients on antiretroviral therapy in rural Zambia.
- Evaluating the effect of mobile health technology (program Mwana) on the rate of ART initiation in HIV infected children below 18 months.

The OR projects that received ethical approval and began during the second quarter:

- Using SMS technology to reduce loss to follow-up among ART patients in Zambia.
- Quality Management Systems Performance analysis of HIV early infant diagnosis (EID) at Arthur Davidsons Children Hospital PCR Laboratory in Ndola Zambia.

In addition, OR project received ethical approval and is awaiting approval from the Ministry of Health:

- Categorizing the ART phase for patients started on TB treatment in a Zambian HIV Program

The research unit continued to work with three students pursuing their Master of Public Health (MPH) or MSc in Epidemiology at the University Of Zambia School Of Medicine (UNZA SOM). These students were attached to FHI 360 Zambia office as interns under a memorandum of understanding with the UNZA SOM. Two students that are pursuing their MPH presented their study findings and posters at the Graduate Forum of the University Of Zambia on 10 April, 2014. One of them received second award for the best poster presentation at the Graduate Forum.

PopART STUDY

This quarter, the Population Effects of Antiretroviral Therapy to Reduce HIV Transmission (PopART) Study – HPTN071 in Zambia continued its implementation of activities. The PopART activities focused on the following:

- Refurbishments and construction works at health centers: Constructions works for the bulk storage facility at Ngungu Health Centre was completed and the building handed over to the District Community Medical Office.
- Procurement: ZPCT II procured four examination couches and delivered to the health facilities (Makululu and Ndeke). Additionally, 12 fire extinguishers were relocated from the old ZPCT II office, and placed at the six study facilities in Central and Copperbelt Provinces.
- Human resource: During the quarter, replacement for the Laboratory Technician who was dismissed at Ndeke was effected. Another study nurse at Chimwemwe was dismissed for presenting false medical records. Two other officers resigned a Clinical Officer for Ndeke and a Study Nurse for Chipulukusu. All the positions were replaced during the quarter.
- Performance of laboratory equipment: All the four ABX Micros 60 (hematology analyzers) and three ABX Pentra C200 (high throughput chemistry analyzers) at Chipulukusu, Chipokota Mayamba and Makululu

performed well despite the erratic supplies of reagents by MSL as reported in the challenges section. At Ndeke, the Pentra C200 developed an internal mechanical problem but was quickly repaired by the vendor. The Sysmex pocH 100i broke down at both Ngungu and Ndeke health facilities. Samples were referred to be analyzed from the nearby testing facilities i.e. Mahatma Gandhi and Ndeke respectively. The responsible vendor did not however finish maintenance works on the two pocH equipment. Additional laboratory equipment were procured as requested by the facility staff. These were one coring station placed at Ndeke and one vortex mixture placed at Makululu.

- Voluntary Medical Male Circumcision (VMMC) services: Chipulukusu, Makululu and Ngungu facilities continued to provide MC services to clients with support from ZPCT II. Chipokota Mayamba started receiving technical support from ZPCT II towards the end of the quarter. One provider was trained and the facility was supported with relevant logistics to provide MC services.
- Initiation of HIV positive clients' based on POPART study criteria (irrespective of CD4 count): The health facilities falling in Arm A (Chipulukusu and Ndeke) continued to implement universal counseling and testing for HIV with immediate ARVs given to clients who test positive for HIV irrespective of CD4 count/WHO Stage as per study protocol while facilities falling in Arm B (Makululu and Chimwemwe) continued to implement universal counseling and testing for HIV but initiated ARVs to clients eligible according to the prevailing national ART Guidelines. The remaining two facilities falling in Arm C (Ngungu and Chipokota Mayamba) provided the standard of care as recommended by the current national ART Guidelines. During the reporting period, a total of 647 clients were enrolled into care at Ndeke and Chipulukusu (both Arm A facilities). Out of these, 167 clients were screened outside the national ART Guidelines, of which 161 consented and were initiated on ARVs.
- Trainings:
 - *Laboratory logistics and commodity management:* Implementation Coordinator and four laboratory staff from Makululu, Ngungu, Chipulukusu and Ndeke attended the training which was coordinated and supported by JSI.
 - *Male circumcision:* Five HCWs were trained and equipped with skills to provide MC services at Makululu, Chipulukusu and Chipokota Mayamba PopART study facilities.
 - *Option B+:* HCWs from the all the six PopART study sites were oriented and trained to rollout option B+
 - *New consolidated 2014 ART guidelines:* A total of 20 HCWs from PopART and non-PopART facilities in Kabwe District were oriented and trained to implement Zambia Consolidated ART Guidelines. Plans to orient and train the four Copperbelt PopART facility staff are underway in the coming quarter.

PROGRAM AND FINANCIAL MANAGEMENT

Support to health facilities

Recipient agreements: During this quarter, ZPCT II continued to provide programmatic, financial and technical support to 400 facilities in the 45 districts across the six provinces. Next quarter, ZPCT II will be closing the six PMOs and UTH recipient agreements as well as the CHAZ subcontract.

Renovations: The three mothers waiting shelters under the Saving Mothers Giving Lives (SMGL) program were completed and the vendors were fully paid during the reporting period.

Mitigation of environmental impact

As an ongoing activity, ZPCT II monitored management of medical waste and ensure environmental compliance in all of its supported renovations as per USAID approved Environmental Mitigation and Monitoring Plan. This quarter, the remaining 11 incinerators in the SMGL sites were completed.

Procurement

This quarter, ZPCT II procured the following: four examination couches and various reagents types for the ABX, BD FACSCount and Sysmex equipment for PopART sites. ZPCT II also procured consumables and furniture for family planning activities such as 24 lockable filing cabinets, 36 stacking chairs, 12 office tables, 12 mega-phones, 31 male and female training modules and a variety of instruments used in family planning.

ZPCT II received some of the items noted and distributed to the provincial sites; balances of the items will be distributed in the next quarter as soon as they are received.

Human Resources

ZPCT II continued the reduction in staff (RIF) process, with five staff being let go in this quarter. The RIF's process is consistent with the normal rhythm of a project as targets are reached and the overall level of effort required for project implementation shifts.

Positions to be Riffed in ZPCT II 2013 – 2014											
Province	Month										RIF totals (Feb 2014 - Aug 2014)
	Apr-13	May-13	Jun-13	Sep-14	Feb-14	Mar-14	May-14	Jun-14	Jul-14	Aug-14	
Copperbelt		3			1	3	6	6	1	12	32
Luapula		3			0	1	6	3	2	9	24
North-Western		4			0	0	6	4	1	9	24
Central	1	3			0	0	7	4	1	7	23
Northern		3			0	0	7	4	1	9	24
Lusaka	1	5	1	1	0	1	12	2	7	31	61
Total	2	21	1	1	1	5	44	23	13	77	188

Training and Development

The ZPCT II staff attended training in the following areas during the reporting period:

- Local Area Networks: Helpdesk Support Officer, ZPCT II Kasama office was sponsored for this two-week training.
- Stores Management: Clerical Officer, and Office Assistant, ZPCT II Kasama were sponsored for this two-week training
- Teaching Methodology: Clinical Care Officer, ZPCT II Kasama Office was sponsored for this two-week training.

Information Technology

This quarter, the IT Unit worked on preparing the new FHI 360 office building in the show grounds for occupation. The preparation of the building involved planning and designing of the local area network (LAN) and going through the procurement process for the LAN equipment and accessories. The move to the new office gave also gave IT an opportunity to consolidate internet access from the different providers for the separate FHI 360 offices to a single provider at the new premises. ZAMTEL was chosen as the new internet service provider for the new premises. The consolidation to a single service provider has enabled FHI 360 to make saving on monthly internet costs for the Zambia projects. To obtain further cost savings and expedite the LAN installation and assure the installation standards, the installation was done by internal FHI 360 staff.

Also, in this quarter, the contract for satellite internet services for our provincial field offices came up for renewal. With the advances in terrestrial connectivity and the reduction of internet costs in Zambia, this gave FHI 360 an opportunity to compare costs and connectivity options available in Zambia. It was noted that the satellite internet services were more expensive than the now available terrestrial (wired/fiber) connectivity options. The satellite contract was therefore terminated and ZAMTEL was contracted to provide internet services in the field offices. This allows FHI 360 to get more bandwidth at a cheaper cost and enables savings on communications costs.

As the project winds up, the IT unit has focused on securing data and equipment from departing staff. IT has been working with HR to ensure that exit formalities are properly concluded and that program related data and equipment has been secured. IT has also been updating inventories at the offices and health facilities to reflect the current status of equipment.

Next quarter, IT will continue securing project equipment and data from departing staff and updating equipment inventories in the facilities and ZPCT II offices. IT will also conclude installing LANs in identified health

facilities to support the rollout of the updated SmartCare software. IT will also provide input into the planning and budgeting for the coming bridge project.

Finance

- Pipeline report: The cumulative obligated amount is \$124,097,099, out of which ZPCT has spent \$118,752,201 as of June 30, 2014. The total expenditure to date represents 96% of the cumulative obligation. Using the current burn rate of \$1,987,469 the remaining obligation is enough to take the project to the end of August 2014.
- Reports for Apr - Jun 2014:
 - SF1034 (Invoice) - May 2014
 - SF425 – Mar 2014
- Field Travel: In this this quarter, a team from Finance & Administration undertook a field trip to provide TA to Northern and Central Provinces. It consisted of; Contract Management Services Officer, Finance Officer, Procurement Officer and a financial consultant. Their SOP was to verify inventory, review procurement and administrative procedures, review contracts and Sub-recipient Financial Reports.
- Inventory: All the five provincial offices have conducted a final round of physical verification of assets in health facilities and submitted to Lusaka office. The inventories have been reviewed for completeness of information. During the physical verification exercise, ZPCT II staff carried additional USAID stickers & asset tags to replace on assets that had some tags falling off or erased due to repeated cleaning over the tags. ZPCT II will continue to manage the inventories until the final close out of the project on August 31, 2014. The insurance cover has been extended to August 31, 2014. For items that need repair or service, the provincial offices have continued to work with Lusaka in processing documentation for service providers to travel to sites where these equipment are placed; these include, motorbike service/repair, servicing of air conditioning units, etc.

KEY ISSUES AND CHALLENGES

National-level issues

- **Staff shortage in health facilities**

- Shortage of staff in health facilities remains unresolved across all six provinces. ZPCT II supported 1369 volunteers to provide counselling and testing, PMTCT counselling and adherence counseling.

- **Laboratory commodity stock-outs**

Chipulukusu and Chipokota Mayamba facilities in Copper belt province experienced stock outs in reagents for the ABX Micros 60 but testing services continued with the use of the other back up equipment - Humalyser. Ngungu and Makululu facilities in Central province also experienced stock outs of the ABX Micros but were loaned by Kabwe Mine Hospital. Ndeke reached the minimum monthly facility stock levels for creatinine but were resupplied by MSL. Due to central stock out of plain red top bottles at MSL, Ndeke, Chimwemwe and Chipulukusu in Copper belt experienced stock outs of the commodity but the services continued to be provided as explained below. Other commodity stock outs experienced include RPR reagent at Chipulukusu and Makululu, Hepatitis B at Chipulukusu and Ngungu and Pregnancy test kits at Chipulukusu. All the facilities that experienced stock outs were covered by effective loan out system that exists in the provinces.

MSL has no sputum specimen containers centrally and encouraged the facility staff to collect samples in improvised urine containers.

During the quarter, ZPCT II started receiving laboratory commodities that were under procurement with additional support from USAID. The items that were received and distributed to the six facilities were: reagents/controls for the Humalyser, Pentra C200, FACSCount reagent kits/controls. Other commodities under procurement are expected to be received in the coming quarter.

- **ARV Stock Imbalances**

During the quarter, all the six PopART facilities had very low stocks of suspension Niverapine for babies. The facilities received inadequate stocks from MSL. HCWs supplied shared small amounts of the drugs to clients. Some HCWs reported that they were breaking the Niverapine tablets as optional to sending away babies with no HIV prophylaxis intervention.

ANNEX A: Travel/Temporary Duty (TDY)

Travel this Quarter (April – June 2014)	Travel plans for Next Quarter (July – August 2014)
<ul style="list-style-type: none">▪ Melinda Packman, Snr. Operations Officer travelled from MSH HQ to Lusaka from May 18 – 24, 2014 to assist with the closeout process.▪ Veronique Mestdagh HR Partner travelled to Lusaka from May 26 – 31, 2014 to assist with Personnel issues▪ The Gender Specialist travelled to Washington DC to present experiences of ZPCT II's integration of gender in HIV and AIDS service delivery at the FHI 360 organized gender conference from June 13 – 18, 2014	<ul style="list-style-type: none">▪ Director Technical Support, Dr Prisca Kasonde, travelled to Melbourne Australia to attend the International HIV/AIDS Conference from July 19-26, 2014

ANNEX B: Meetings and Workshops this Quarter (Jul. – Aug., 2014)

Technical Area	Meeting/Workshop/Trainings Attended
PMTCT/CT	<p>May 27 – June 5, 2014 <i>Family Planning Integration:</i> Catherine Mwale, Snr. PMTCT/CT Technical Officer and Dr. Christopher Ng'andwe from ZISSP traveled to Central, Copperbelt and North-Western provinces from May 27 – June 5, 2014 to conduct provincial, district and facility level meetings to advocate for integration of FP into the existing HIV services in 12 model sites in six provinces of Central, Copperbelt, Luapula, Muchinga, Northern, and North-Western, and discuss the proposed FP/HIV integration activities under the support of ZPCT II and ZISSP.</p>
MC	<p>April 27, 2014 <i>VMMC Demand Creation through Traditional Leader meeting held at MCDMCH Board room:</i> ZPCT II participated in this meeting that was designed to review preparation for the National April VMMC launch scheduled for the 28th of March, 2014 in Singani Chiefdom in Choma District, Southern Province. This was an activity that was designed to engage traditional leaders in VMMC demand creation. .</p> <p>May 22, 2014 <i>National MC Technical Working Group meeting at MCDMCH Board Room:</i> ZPCT II participated in this meeting that was designed to review 1st quarter of 2014, VMMC Annual Program performance including April VMMC campaign national performance. The meeting also discussed the need to have Age brackets for MC data disaggregated by 5 years groups like the standard that CSO uses in order to have an in depth analysis of the data. In addition, it was recognized that the number of AEs reported were low as this only reflected numbers that were based on the cases reviewed by the MC providers only and did not include the cases which were reviewed by non MC providers. It's hoped that the MC module in SmartCare based on the MC indicators in the new HMIS will improve the capturing of AEs in the reports from SmartCare.</p> <p>May 29, 2014 <i>M & E Sub-Technical Working Group Meeting, at MCDMCH Board Room:</i> ZPCT II attended and participated in this meeting that was designed to review current VMMC indicators used by implementing partners in their reporting with a view to determine and define national standard VMMC Indicators that matches with the VMMC framework in the MCDMCH planning department. . This meeting proposed and reviewed national definitions for the proposed list of VMMC indicators. This was to be presented to the planning department and then to the TWG next meeting. .</p>
Clinical Care/ART	<p>April 24 – 25, 2014 <i>2nd National Pediatric ART Conference 2014:</i> ZPCT II sponsored 12 GRZ staff to attend this conference . A number of them presented program related work on Family Centered approach, Pediatric ART uptake through EID/DBS results and Replicating Adolescent HIV services in rural Zambia (Luapula, Northern and Muchinga provinces).</p> <p>May 5 – 9, 2014 <i>8th International Workshop on HIV Treatment, Pathogenesis and Prevention Research in Resource Limited Settings (INTEREST):</i> ZPCT II participated in the local organizing committee for hosting the 8th INTEREST Seminar. In addition, ZPCTII/FHI360 sponsored one key presenter on national adolescent HIV services through the pediatrician from Arthur Davison Children's Hospital (ADCH). Further, ZPCT II staff presented a total of 3 abstracts at this International Seminar where a number of emerging issues in HIV/AIDS were discussed.</p> <p>June 12, 2014 <i>TB/HIV Coordinating Body Meeting at ZAMBART Conference Room:</i> The national TB/HIV coordinating board meeting that was designed to review the implementation of Tb/HIV activities as well as reporting systems. The meeting resolved to establish a TWG for TB program so that it provided technical insight to the NTP,</p> <p>June 23 – 27, 2014 <i>ART training workshop for TB Care technical Officer and MOH staff in TB treatment corners:</i> A.ZPCTII CC/ART facilitated at a training workshop for TB Care technical officers and MoH staff working in TB corners which was held at Protea hotel in Lusaka. A total of 23 HCWs (Clinical Officers and nurses) from 3Is sites in Central and Copperbelt provinces were trained. There are six 3Is sites in Central province and ten in Copper belt province.</p>
PopART Study	<p>April – June 2014 <i>Monthly intervention monitoring team meetings:</i> These meetings aim at monitoring the implementation of the activities at both the national and district levels. Partners at both levels provided updates on the status of implementation. Three Zambia Intervention Monitoring Team Meetings (ZIMT) were held in Lusaka while three District Intervention Monitoring Team (DIME) meetings were held at the district levels (Kabwe, Ndola and Kitwe). Additionally, a meeting was held where all PopART implementing partners provided updates to a visiting team from Office of Global Aids Coordinator (OGAC).</p>

ANNEX C: Activities Planned for the Next Quarter (Jul. – Aug., 2014)

Objectives	Planned Activities	2014		
		Jul	Aug	Sep
Objective 1: Expand existing HIV/AIDS services and scale up new services, as part of a comprehensive package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC.				
1.1: Expand counseling and testing (CT) services	Provide ongoing technical assistance to all supported sites	x	x	
	Escort clients who tested HIV-positive from CT corners to the laboratory for CD4 assessment to avoid loss of clients for the service before referring them to ART services especially facilities with Labs	x	x	
	Improve follow up for CT clients testing HIV negative by encouraging re-testing in three months and referring them appropriately to MC, FP & other relevant community based services.	x	x	
	Strengthen CT services in both old and new sites and mentor staff on correct documentation in the CT registers	x	x	
	Strengthen access of HIV services by males and females below 15 years	x	x	
	Strengthen child CT in all under five clinics	x	x	
	Administer QA/QI tools as part of technical support to improve quality of services and strengthen counseling supervision quarterly meetings	x	x	
	Ongoing strengthening the use of CT services as the entry point for screening for other health conditions: a) symptom screening and referral for testing for TB, as appropriate, intensified case-finding efforts, and b) counseling and screening for general health and major chronic diseases, such as hypertension and diabetes especially North-Western and Central Province where the service is weaker. , Pilot is pending review and to be done this quarter	x	x	
	Strengthen implementation of PwP activities for those who test HIV positive, condom education and distribution including behavior change communication strategies	x	x	
	Strengthen couple-oriented CT in all the supported provinces putting emphasis to all discordant couples to ensure that the positive partner is initiated on HAART as per new national ART guidelines	x	x	
	Strengthen integration of routine CT to FP, TB, MC and other services with timely referrals to respective services.	x	x	
	Strengthen referral system between facility-based youth friendly corners and life skills programs	x	x	
	Conduct mobile CT for hard to reach areas in collaboration with CARE international	x	x	
	Strengthen referral from mobile CT for those who test positive through referral tracking and accompanied referral by lay counselors as needed, to appropriate facility and community services including PMTCT, ART, clinical care and prevention	x	x	
	Improve number of clients screened for gender based violence and participate in the gender trainings. Youths will continue to be sensitized on their rights and the need to report GBV related issues to appropriate centers	x	x	
	Strengthen integration of gender into CT programming during CT courses in collaboration with ZPCT II Gender unit	x	x	
	Screening for gender based violence (GBV) within CT setting	x	x	
1.2: Expand prevention of mother-to-child transmission (PMTCT)	Strengthen the use of community PMTCT counselors to address staff shortages	x	x	
	Strengthen provision of gender sensitive prevention education, adherence support and mother-baby pair follow up in the community through the use of trained TBAs/PMTCT lay counselors.	x	x	
	Routinely offer repeat HIV testing to HIV negative pregnant women in third trimester with immediate provision of ARVs for those that sero convert	x	x	
	Train/orient HCWs and Lay counselors in Option B+ from selected sites		x	
	Operationalize the use of the of the new 2013 eMTCT guidelines in the old facilities and new facilities	x	x	

Objectives	Planned Activities	2014		
		Jul	Aug	Sep
services	Support the implementation of Option B+ as part of eMTCT strategies once a policy decision has been made by the MOH	x	x	
	Orient facility staffs on B+ option.	x	x	
	Strengthen and expand specimen referral system for DBS, CD4 and other tests with timely results and feed back to the clients.	x	x	
	Support the operationalization of the 8 year plan for FP	x	x	
	Support primary prevention of HIV in young people as part of eMTCT interventions by supporting youth-targeted CT and education on risk reduction, through promotion of abstinence, monogamy and consistent condom use	x	x	
	Strengthen family planning integration in HIV/AIDS services with male involvement	x	x	
	Expand nutrition messages on exclusive breastfeeding and appropriate weaning in collaboration with the IYCN program	x	x	
	Strengthen the provision of more efficacious ARV regimens for eMTCT	x	x	
	Incorporate ZPCT II staff in MOH provincial and district supportive and supervisory visits to selected ZPCT II supported sites	x	x	
	Strengthen implementation/use of PwP within eMTCT services for those who test positive through training using the PwP module in the eMTCT training as well as incorporating PwP messages in counseling for HIV positive ANC clients and referral to ART, family planning and other appropriate services as needed.	x	x	
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	
	Support implementation/strengthen use of new revised provider training packages for facility and community based providers to include gender based activities in line with the revised eMTCT 2013 protocol guidelines and norms for service delivery within eMTCT setting	x	x	
	Support and strengthen gender based activities through creation of male friendly approaches where male providers meet with male clientele and reorganize client flow as needed in antenatal/eMTCT rooms to accommodate partners	x	x	
	Strengthen mother-baby follow up including initiation of cotrimoxazole prophylaxis, extended NVP prophylaxis and DBS sample collection at six weeks and repeated at six months for HIV exposed babies with improved cohort documentation in tracking register	x	x	
	Strengthen documentation of services in supported facilities	x	x	
	Continue working with PMTCT community counselors to establish and support HIV positive mother support groups at the facility and community levels	x	x	
	Work in collaboration with CARE to promote and strengthen male involvement through incorporation of messages on male involvement in eMTCT and family planning service. Also promote formation of male groups within the groups to help in male involvement	x	x	
	Continue implementation of exchange visits for learning purposes in selected model sites for eMTCT	x	x	
	Provide supervision, guidance and support to communities on the use of bicycle ambulances (Zambulances) to promote delivery at health facilities and to facilitate transportation of expectant mothers for deliveries at health facilities	x	x	
	Strengthen eMTCT outreach in peri-urban and remote areas including the use of mobile clinics, linkages to ART services and the utilization of community volunteers to mobilize pregnant women and their partners to access eMTCT services	x	x	
	Revise and print 1000 copies of updated Job aids in line with option B+ and distribute them to supported facilities.	x	x	
	Integrate family planning and HIV services and improve access of	x	x	

Objectives	Planned Activities	2014		
		Jul	Aug	Sep
	FP services through effective referrals, and promote prevention with positives.			
1.3: Expand treatment services and basic health care and support	Conduct quarterly, comprehensive technical assistance (TA) visits to ART and selected PMTCT/CT facilities across six provinces to support expansion and provision of quality, gender sensitive ART services that includes provision of prophylaxis and treatment of OIs , palliative care, PEP, nutritional and adherence counseling and linked to OPD, in-patient, STI, TB, C&T, ANC/MCH, and Youth Friendly Services, using MOH standards/guidelines	x	x	
	Conduct full ASW refresher training	x	x	
	TB/HIV integration by improving documentation in all MOH register as well as collaborative facility meeting	x	x	
	Implement the early TB-HIV co-management in all supported sites	x	x	
	Scale up the initiation of HAART for eligible clients in discordant relationships	x	x	
	Improved PMTCT client linkage through training of MCH nurses in ART/OI for easy assessment and HAART initiation for eligible pregnant women	x	x	
	Support implementation of life long ART for pregnant and breastfeeding mothers (option B+) in ZPCTII sites which are already offering ART through onsite orientation and distribution of job aids and integrated ART guidelines.	x	x	
	Screening of ART clients in the ART clinics for chronic conditions including diabetes and hypertension	x	x	
	Strengthen facility ability to use data for planning through facility data review meeting	x	x	
	Strengthen the operationalization of the Short Message System (SMS) technology pilot for defaulting clients and fast-tracking DNA PCR HIV test results for EID	x	x	
	Administer QA/QI tools as part of technical support to improve quality of services	x	x	
	Strengthen implementation of the new national Post Exposure Prophylaxis (PEP) Register in all supported facilities.	x	x	
	Continue implementation of Cotrimoxazole provision for eligible adults and pediatric clients	x	x	
	Continue supporting pilot implementation of adolescent transition toolkit for adolescents in high volume ZPCTII supported sites	x	x	
	Conduct quarterly mentorship sessions in ten model sites across the ZPCT II provinces	x	x	
	Supportive supervision to 35 HIV nurse practitioner as part of task shifting on ART prescribing from doctors/clinical officers to nurses	x	x	
1.4: Scale up male circumcision (MC) services	Conduct monthly, comprehensive technical assistance (TA) visits to 55 facilities across six provinces to support expansion and provision of quality MC services, and integration with CT services, setting up infection Prevention procedures	x	x	
	Train 52 HCWs in male circumcision from ZPCT II supported Static and selected Outreach sites providing MC services.	x	x	
	Strengthen the establishment of 3 PopART MC sites through Training HCWs, Provide MC Commodity & Surgical and Infection Prevention Equipment so that they can provide service for clients that are linked for the intervention sites			
	Develop plan for post-training follow up and on-site mentoring all 80 trained HCWs staff by SSZ in all six provinces for the	x	x	
	Develop and print VMMC Standard Operational Procedure Manual for all 55 MC sites	x	x	
	Develop plans to ensure all 38 supported districts conduct at least one VMMC outreach	x	x	
	Conduct VMMC activities in 3 Chiefdoms(Puta, Kapijimpanga and Chibale) under the Traditional Leaders Engagement for Demand creation strategy	x	x	
	Conduct VMMC community promotion around 50 MC static sites	x	x	

Objectives	Planned Activities	2014		
		Jul	Aug	Sep
	Engage MC Technical Officer -consultant for Muchinga Provinces to scale up VMMC activities through the Outreach Model	x	x	
	Conduct onsite orientation training for Lay counselors in VMMC counseling and demand creation techniques	x		
Objective 2: Increase the involvement and participation of partners and stakeholders to provide a comprehensive HIV/AIDS service package that emphasizes prevention, strengthens the health system, and supports the priorities of the MOH and NAC				
2.1: Strengthen laboratory and pharmacy support services and networks	Prepare for final MSH close out activities	x	x	
	Support to the MOH pharmacy mentorship program	x	x	
	Participate in the national pharmacovigilance planned activities			
	Provide ongoing technical oversight to provincial pharmacy and lab technical officers	x	x	
	Provide ongoing technical assistance to all the supported sites, including private sector	x	x	
	Support the provision of and promoting the use of more efficacious regimens for mothers on PMTCT program	x	x	
	Assist pharmacy staff to correctly interpret laboratory data such as LFTs and RFTs in patient files as an aspect of good dispensing practice	x	x	
	Participate in the implementation of the pharmaceutical aspect of the Option B+ strategy in the selected ZPCT II supported pilot sites	x	x	
	Participate in the pharmacy and laboratory components of the POP ART pilot study in selected ZPCT II supported pilot sites	x	x	
	Support the compilation of the reviewed Commodity management training package	x	x	
	Participate in national quarterly review for ARV drugs for ART and PMTCT programs	x	x	
	Support the implementation of the Model Sites mentorship program	x	x	
	Ensure provision of medication use counselling and constant availability of commodities for PEP program at designated corners.	x	x	
	Strengthen and expand the specimen referral system for DBS, CD4 and other baseline tests in supported facilities	x	x	
	Coordinate and support the installation of major laboratory equipment procured by ZPCT II in selected sites	x	x	
	. Promote the use of new guidelines for both ART in line with MOH and MCDMCH guidance	x	x	
	Monitoring in use of newly introduced FDCs for paediatric and adult HIV clients in ZPCT II supported ART facilities	x	x	
	Ensure constant availability, proper storage and inventory control of male circumcision consumables and supplies	x	x	
	Administer QA/QI tools and address matters arising as part of technical support to improve quality of services	x	x	
	Support the dissemination of guidelines and SOPs for laboratory services.	x	x	
	Support the improvement of laboratory services in preparation for WHO AFRO accreditation at two ZPCT II supported sites.	x	x	
	Monitor and strengthen the implementation of the CD4 testing EQA program .	x	x	
	Support the collection of results from further rounds of HIV EQA program in collaboration with the MOH and other partners at ZPCT II supported facilities	x	x	
	Participate in the roll-out and implementation of the new SmartCare-integrated ARTServ Dispensing tool in ZPCT II facilities	x	x	
	Support on the job training of facility staff in monitoring and reporting of ADRs in support of the national pharmacovigilance program.	x	x	
2.2: Develop the capacity of facility and community-based health	Trainings for healthcare workers in ART/OI, pediatric ART, adherence counseling and an orientation on prevention for positives	x	x	
	Trainings for community volunteers in adherence counseling, orientation in enhanced TB/HIV collaboration and prevention for positives	x	x	

Objectives	Planned Activities	2014		
		Jul	Aug	Sep
workers	Train HCWs in equipment use and maintenance, and ART commodity management	x	x	
	Train HCWs and community volunteers in the various CT and PMTCT courses	x	x	
	Train people living with HIV/AIDS in adherence counseling		x	
	Conduct community mapping in seven new districts to initiate referral network activities.		x	
Objective 3: Increase the capacity of the PMOs and DMOs to perform technical and program management functions.				
	Training for Human Resource personnel at PMO, DMO in Annual performance appraisal system (APAS), in Luapula Province	x		
Objective 4: Build and manage public-private partnerships to expand and strengthen HIV/AIDS service delivery, emphasizing prevention, in private sector health facilities.				
Public-Private Partnerships – Private health facilities	Support the sustainability of the quality of care established through technical assistance to 30 private sector facilities to implement quality CT, PMTCT, clinical/ART, MC, laboratory and pharmacy services, and integration into MOH National Logistics and M&E Systems.	x	x	
	Support onsite orientation training through meeting for new and part time HCWs on data management and reporting through provision of job aids, national protocol guidelines, standard operating procedures (SOPs)	x	x	
	Identify and invite HCWs for training in CT, PMTCT, family planning, ART, MC (where feasible), pharmaceutical services management and laboratory services	x	x	
	Providing on-site post training mentorship to ensure MOH standards are followed and this will include	x	x	
	Support the facility to meet accreditation standards for linkage to MOH ARV program	x	x	
	Identify and Work with MOH contact person to facilitate the process of linking accredited PPP clinics to the MOH commodity supply chain for ARVs, where feasible in line with the MOH guidelines/policies	x	x	
	Provide Mentorship in data collection in all 24 PPP sites using MOH data collection tools in line with the “	x	x	
Objective 5: Integrate service delivery and other activities, emphasizing prevention, at the national, provincial, district, facility, and community levels through joint planning with the GRZ, other USG and non-USG partners.				
	No activities planned			
M&E and QA/QI				
	Update GIS coordinates, in conjunction with MOH, for Health Facilities which are not yet mapped			
	Update and maintain PCR Lab Database, training database and M&E database	x	x	
	Provide on-site QA/QI technical support in two provinces	x	x	
	Support provincial QI coaches in implementation & documentation of QI projects in health facilities	x	x	
	Facilitate the implementation of QA/QI systems in MC sites on the Copperbelt			
	Provide technical support to SmartCare in conjunction with MOH and other partners	x	x	
	Provide M&E support to model sites		x	
	Provide field support to Chronic Health Care checklist and MC and PCR databases in selected Copperbelt sites		x	
	SI unit participation in the SmartCare national training for the national upgrade.	x	x	
	National SmartCare training targeting the provincial health staff.		x	
Program Management				
Program	Monitor implementation of monitoring plan and tools by provincial offices	x	x	
	Closeout of recipient agreements and subcontracts	x	x	
	Delivery of equipment and furniture to ZPCT II supported facilities		x	
	Prepare for final CARE closeout process and submit final reports to	x	x	

Objectives	Planned Activities	2014		
		Jul	Aug	Sep
	FHI 360			
Finance	FHI 360 finance team will conduct financial closeout of FHI field offices, and subcontracted local partners under ZPCT II project	x	x	
HR	Conduct closeout processes for project staff under the ZPCT II		x	
IT	Secure all ZPCT data by updating electronic filing on the server	x	x	
	Ensure departing staff handover Project Equipment	x	x	
	Identify and donate obsolete equipment to selected beneficiaries	x	x	
	Continue IT inventory updates	x	x	
	Secure project data from computers of departing staff	x	x	
	Provide Planning and Budgeting Input for Bridge Project	x	x	

ANNEX D: ZPCT II Supported Facilities and Services

Central province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Kabwe</i>	1. Kabwe GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Mahatma Gandhi HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	3. Kabwe Mine Hospital	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	4. Bwacha HC	Urban		◆	◆	◆	◆ ³		
	5. Makululu HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	6. Pollen HC	Urban	◆ ¹	◆	◆	◆		◆	
	7. Kasanda UHC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	8. Chowa HC	Urban		◆	◆	◆	◆	◆	
	9. Railway Surgery HC	Urban		◆	◆	◆	◆	◆	
	10. Katondo HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	11. Ngungu HC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	12. Natuseko HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	13. Mukobeko Township HC	Urban		◆	◆	◆		◆	
	14. Kawama HC	Urban		◆	◆	◆		◆	
	15. Kasavasa HC	Rural		◆	◆	◆		◆	
	16. Nakoli UHC	Urban		◆	◆	◆		◆	
	17. Kalwelwe RHC	Rural		◆	◆	◆		◆	
<i>Mkushi</i>	18. Mkushi DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	19. Chibefwe HC	Rural		◆	◆	◆		◆	
	20. Chalata HC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	21. Masansa HC	Rural	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	22. Nshinso HC	Rural		◆	◆	◆		◆	
	23. Chikupili HC	Rural		◆	◆	◆		◆	
	24. Nkumbi RHC	Rural		◆	◆	◆			
	25. Coppermine RHC	Rural		◆	◆	◆			
<i>Serenje</i>	26. Serenje DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	27. Chitambo Hospital	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	28. Chibale RHC	Rural		◆	◆	◆		◆	
	29. Muchinka RHC	Rural		◆	◆	◆		◆	
	30. Kabundi RHC	Rural		◆	◆	◆		◆	
	31. Chalilo RHC	Rural		◆	◆	◆		◆	
	32. Mpelembe RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	33. Mulilima RHC	Rural		◆	◆	◆		◆	
	34. Gibson RHC	Rural		◆	◆	◆			
	35. Nchimishi RHC	Rural		◆	◆	◆			
	36. Kabamba RHC	Rural		◆	◆	◆			
	37. Mapepala RHC	Rural		◆	◆	◆		◆	
<i>Chibombo</i>	38. Liteta DH	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	39. Chikobo RHC	Rural		◆	◆	◆		◆	
	40. Mwachisompola Demo Zone	Rural	◆ ¹	◆	◆	◆	◆ ³		
	41. Chibombo RHC	Rural		◆	◆	◆		◆	⊙ ¹
	42. Chisamba RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		
	43. Mungule RHC	Rural		◆	◆	◆		◆	

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	44. Muswishi RHC	Rural		◆	◆	◆		◆	
	45. Chitanda RHC	Rural		◆	◆	◆	◆ ³		
	46. Malambanyama RHC	Rural		◆	◆	◆		◆	
	47. Chipeso RHC	Rural		◆	◆	◆		◆	
	48. Kayosha RHC	Rural	◆ ²	◆	◆	◆		◆	
	49. Mulungushi Agro RHC	Rural		◆	◆	◆		◆	
	50. Malombe RHC	Rural		◆	◆	◆		◆	
	51. Mwachisompola RHC	Rural		◆	◆	◆		◆	
Kapiri Mposhi	52. Shimukuni RHC	Rural		◆	◆	◆		◆	
	53. Kapiri Mposhi DH	Urban		◆	◆	◆	◆ ³		
	54. Kapiri Mposhi UHC	Urban	◆ ²	◆	◆	◆	◆ ³		
	55. Mukonchi RHC	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	56. Chibwe RHC	Rural		◆	◆	◆		◆	
	57. Lusemfwa RHC	Rural		◆	◆	◆		◆	
	58. Kampumba RHC	Rural	◆ ¹	◆	◆	◆		◆	
	59. Mulungushi RHC	Rural		◆	◆	◆		◆	
	60. Chawama UHC	Rural		◆	◆	◆		◆	
	61. Kawama HC	Urban		◆	◆	◆		◆	
	62. Tazara UHC	Rural		◆	◆	◆		◆	
	63. Ndeke UHC	Rural		◆	◆	◆		◆	
	64. Nkole RHC	Rural	◆ ¹	◆	◆	◆		◆	
	65. Chankomo RHC	Rural		◆	◆	◆		◆	
	66. Luanshimba RHC	Rural		◆	◆	◆		◆	
	67. Mulungushi University HC	Rural		◆	◆	◆	◆	◆	
	68. Chipeco RHC	Rural		◆	◆	◆		◆	
	69. Waya RHC	Rural	◆ ¹	◆	◆	◆		◆	
	70. Chilumba RHC	Rural		◆	◆	◆		◆	
Mumbwa	71. Mumbwa DH	Urban		◆	◆	◆	◆ ³		⊙ ¹
	72. Mumbwa UHC	Urban		◆	◆	◆			
	73. Myooye RHC	Rural		◆	◆	◆		◆	
	74. Lutale RHC	Rural		◆	◆	◆		◆	
	75. Mukulaikwa RHC	Rural		◆	◆	◆		◆	
	76. Nambala RHC	Rural		◆	◆	◆			
Itezhi Tezhi	77. Itezhi Tezhi DH	Urban	◆ ²	◆	◆	◆	◆ ³		
	78. Masemu RHC	Rural		◆	◆	◆	◆		
	79. Kaanzwa RHC	Rural		◆	◆	◆		◆	
Totals			26	79	79	79	28	50	10

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Copperbelt Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Ndola</i>	1. Ndola Central Hospital	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Arthur Davison Hospital	Urban	◆ ²		◆	◆	◆ ³		
	3. Lubuto HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	4. Mahatma Gandhi HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	5. Chipokota Mayamba HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	6. Mushili Clinic	Urban		◆	◆	◆		◆	
	7. Nkwazi Clinic	Urban		◆	◆	◆		◆	
	8. Kawama HC	Urban		◆	◆	◆	◆	◆	
	9. Ndeke HC	Urban		◆	◆	◆		◆	
	10. Dola Hill UC	Urban		◆	◆	◆		◆	
	11. Kabushi Clinic	Urban		◆	◆	◆	◆	◆	⊙ ¹
	12. Kansenshi Prison Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	13. Kaloko Clinic	Urban		◆	◆	◆		◆	
	14. Kaniki Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	15. New Masala Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		
	16. Pamodzi-Sathiya Sai Clinic	Urban		◆	◆	◆		◆	
	17. Railway Surgery Clinic	Urban		◆	◆	◆		◆	
	18. Twapia Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	19. Zambia FDS	Urban	◆ ²	◆	◆	◆		◆	⊙ ¹
	20. Itawa Clinic	Urban		◆	◆	◆		◆	
<i>Chingola</i>	21. Nchanga N. GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	22. Chiwempala HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	23. Kabundi East Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	24. Chawama HC	Urban	◆ ²	◆	◆	◆	◆	◆	⊙ ¹
	25. Clinic 1 HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	26. Muchinshi Clinic	Rural	◆ ¹	◆	◆	◆		◆	
	27. Kasompe Clinic	Urban		◆	◆	◆		◆	
	28. Mutenda HC	Rural		◆	◆	◆		◆	
	29. Kalilo Clinic	Urban		◆	◆	◆		◆	
<i>Kitwe</i>	30. Kitwe Central Hospital	Urban	◆ ²	◆	◆	◆	◆ ³		
	31. Ndeke HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	32. Chimwemwe Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		
	33. Buchi HC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	34. Luangwa HC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	35. Ipusukilo HC	Urban	◆ ¹	◆	◆	◆	◆	◆	⊙ ¹
	36. Bulangililo Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	⊙ ¹
	37. Twatasha Clinic	Urban		◆	◆	◆		◆	
	38. Garnatone Clinic	Urban			◆	◆		◆	
	39. Itimpi Clinic	Urban		◆	◆	◆		◆	
	40. Kamitondo Clinic	Urban		◆	◆	◆		◆	
	41. Kawama Clinic	Urban	◆ ¹	◆	◆	◆	◆ ³		
	42. Kwacha Clinic	Urban		◆	◆	◆		◆	
	43. Mindolo 1 Clinic	Urban	◆ ²	◆	◆	◆	◆	◆	
	44. Mulenga Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	45. Mwaiseni Clinic	Urban		◆	◆	◆		◆	
	46. Wusakile GRZ Clinic	Urban		◆	◆	◆		◆	
	47. ZAMTAN Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	⊙ ¹

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	48. Chavuma Clinic	Urban	◆ ¹	◆	◆	◆	◆	◆	
	49. Kamfinsa Prison Clinic	Urban	◆ ²	◆	◆	◆		◆	
	50. Mwekera Clinic	Urban		◆	◆	◆		◆	
	51. Riverside Clinic	Urban	◆ ²	◆	◆	◆	◆	◆	
<i>Luanshya</i>	52. Thompson DH	Urban	◆ ²	◆	◆	◆	◆ ³		
	53. Roan GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	54. Mikomfwa HC	Urban		◆	◆	◆		◆	
	55. Mpatamatu Sec 26 UC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	56. Luanshya Main UC	Urban		◆	◆	◆	◆	◆	
	57. Mikomfwa Urban Clinic	Urban		◆	◆	◆		◆	
	58. Section 9 Clinic	Urban		◆	◆	◆		◆	
	59. Fisenge UHC	Urban		◆	◆	◆		◆	
	60. New Town Clinic	Urban		◆	◆	◆		◆	
<i>Mufulira</i>	61. Kamuchanga DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	62. Ronald Ross GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	63. Clinic 3 Mine Clinic	Urban		◆	◆	◆		◆	
	64. Kansunswa HC	Rural		◆	◆	◆		◆	
	65. Clinic 5 Clinic	Urban		◆	◆	◆		◆	
	66. Mokambo Clinic	Rural		◆	◆	◆		◆	
	67. Suburb Clinic	Urban		◆	◆	◆		◆	
	68. Murundu RHC	Rural		◆	◆	◆		◆	
	69. Chibolya UHC	Urban		◆	◆	◆		◆	
<i>Kalulushi</i>	70. Kalulushi GRZ Clinic	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	71. Chambeshi HC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	72. Chibuluma Clinic	Urban	◆ ¹	◆	◆	◆		◆	
	73. Chati RHC	Rural		◆	◆	◆			
	74. Ichimpe Clinic	Rural		◆	◆	◆			
<i>Chililabombwe</i>	75. Kakoso District HC	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	76. Lubengele UC	Urban	◆ ¹	◆	◆	◆		◆	
<i>Lufwanyama</i>	77. Mushingashi RHC	Rural		◆	◆	◆		◆	
	78. Lumpuma RHC	Rural	◆ ¹	◆	◆	◆		◆	
	79. Shimukunami RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	80. Nkana RHC	Rural		◆	◆	◆		◆	
<i>Mpongwe</i>	81. Kayenda RHC	Rural		◆	◆	◆	◆	◆	⊙ ¹
	82. Mikata RHC	Rural		◆	◆	◆	◆	◆	
	83. Ipumba RHC	Rural		◆	◆	◆	◆	◆	
	84. Kalweo RHC			◆	◆	◆		◆	
<i>Masaiti</i>	85. Kashitu RHC	Rural		◆	◆	◆		◆	
	86. Jelemani RHC	Rural		◆	◆	◆		◆	
	87. Masaiti Boma RHC	Rural		◆	◆	◆	◆	◆	⊙ ¹
	88. Chikimbi HC	Rural		◆	◆	◆		◆	
Totals			43	87	89	89	42	65	17

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Luapula Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Chienge</i>	1. Puta RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	2. Kabole RHC	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	3. Chipungu RHC	Rural		◆	◆	◆		◆	
	4. Munkunta RHC	Rural		◆	◆	◆		◆	
	5. Luchinda RHC	Rural		◆	◆	◆			
<i>Kawambwa</i>	6. Kawambwa DH	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	7. Mbereshi Hospital	Rural	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	8. Kawambwa HC	Rural		◆	◆	◆		◆	
	9. Mushota RHC	Rural		◆	◆	◆		◆	
	10. Munkanta RHC	Rural	◆ ¹	◆	◆	◆		◆	
	11. Kawambwa Tea Co Clinic	Urban		◆	◆	◆		◆	
	12. Kazembe RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	13. Mufwaya RHC	Rural		◆	◆	◆			
<i>Mansa</i>	14. Mansa GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	15. Senama HC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	16. Central Clinic	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	17. Matanda RHC	Rural		◆	◆	◆		◆	
	18. Chembe RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	19. Buntungwa RHC	Urban		◆	◆	◆		◆	
	20. Chipete RHC	Rural		◆	◆	◆		◆	
	21. Chisembe RHC	Rural		◆	◆	◆		◆	
	22. Chisunka RHC	Rural		◆	◆	◆		◆	
	23. Fimpulu RHC	Rural		◆	◆	◆		◆	
	24. Kabunda RHC	Rural		◆	◆	◆		◆	
	25. Kalaba RHC	Rural		◆	◆	◆		◆	
	26. Kalyongo RHC	Rural		◆	◆	◆			
	27. Kasoma Lwela RHC	Rural		◆	◆	◆		◆	
	28. Katangwe RHC	Rural		◆	◆	◆			
	29. Kunda Mfumu RHC	Rural		◆	◆	◆		◆	
	30. Mabumba RHC	Rural		◆	◆	◆		◆	
	31. Mano RHC	Rural		◆	◆	◆		◆	
	32. Mantumbusa RHC	Rural		◆	◆	◆		◆	
	33. Mibenge RHC	Rural		◆	◆	◆		◆	
	34. Moloshi RHC	Rural		◆	◆	◆		◆	
	35. Mutiti RHC	Rural		◆	◆	◆		◆	
	36. Muwang'uni RHC	Rural		◆	◆	◆		◆	
	37. Ndoba RHC	Rural		◆	◆	◆		◆	
	38. Nsonga RHC	Rural		◆	◆	◆		◆	
	39. Paul Mambilima RHC	Rural		◆	◆	◆		◆	
	40. Lukola RHC	Rural		◆	◆	◆			
	41. Lubende RHC	Rural		◆	◆	◆			
	42. Kansenga RHC	Rural		◆	◆	◆			
<i>Milenge</i>	43. Mulumbi RHC	Rural		◆	◆	◆		◆	
	44. Milenge East 7 RHC	Rural	◆ ²	◆	◆	◆	◆		
	45. Kapalala RHC	Rural		◆	◆	◆			
	46. Sokontwe RHC	Rural		◆	◆	◆			
	47. Lwela RHC	Rural		◆	◆	◆			

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Mwense</i>	48. Mambilima HC (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆ ³		
	49. Mwense Stage II HC	Rural	◆ ¹	◆	◆	◆	◆ ³		
	50. Chibondo RHC	Rural			◆	◆		◆	
	51. Chipili RHC	Rural		◆	◆	◆		◆	
	52. Chisheta RHC	Rural		◆	◆	◆		◆	
	53. Kalundu RHC	Rural			◆	◆			
	54. Kaoma Makasa RHC	Rural		◆	◆	◆		◆	
	55. Kapamba RHC	Rural		◆	◆	◆		◆	
	56. Kashiba RHC	Rural		◆	◆	◆		◆	
	57. Katuta Kampemba RHC	Rural		◆	◆	◆		◆	
	58. Kawama RHC	Rural		◆	◆	◆		◆	
	59. Lubunda RHC	Rural		◆	◆	◆		◆	
	60. Lukwesa RHC	Rural	◆ ²	◆	◆	◆		◆	
	61. Luminu RHC	Rural			◆	◆		◆	
	62. Lupososhi RHC	Rural			◆	◆			
	63. Mubende RHC	Rural		◆	◆	◆		◆	
	64. Mukonshi RHC	Rural		◆	◆	◆		◆	
	65. Mununshi RHC	Rural		◆	◆	◆		◆	
	66. Mupeta RHC	Rural			◆	◆			
	67. Musangu RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	68. Mutipula RHC	Rural			◆	◆			
	69. Mwenda RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
<i>Nchelenge</i>	70. Nchelenge RHC	Rural	◆ ²	◆	◆	◆		◆	
	71. Kashikishi RHC	Rural	◆ ²	◆	◆	◆	◆ ³		
	72. Chabilikila RHC	Rural	◆ ²	◆	◆	◆		◆	
	73. Kabuta RHC	Rural	◆ ²	◆	◆	◆		◆	⊙ ¹
	74. Kafutuma RHC	Rural	◆ ²	◆	◆	◆		◆	
	75. Kambwali RHC	Rural	◆ ²	◆	◆	◆		◆	
	76. Kanyembo RHC	Rural	◆ ²	◆	◆	◆		◆	
	77. Chisenga RHC	Rural	◆ ¹	◆	◆	◆		◆	
	78. Kilwa RHC	Rural	◆ ¹	◆	◆	◆		◆	
	79. St. Paul's Hospital (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		
	80. Kabalenge RHC	Rural		◆	◆	◆			
<i>Samfya</i>	81. Lubwe Mission Hospital (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		
	82. Samfya Stage 2 Clinic	Rural	◆ ¹	◆	◆	◆	◆ ³		⊙ ¹
	83. Kasanka RHC	Rural	◆ ¹	◆	◆	◆		◆	
	84. Shikamushile RHC	Rural		◆	◆	◆	◆ ³		
	85. Kapata East 7 RHC	Rural		◆	◆	◆		◆	
	86. Kabongo RHC	Rural		◆	◆	◆		◆	
Totals			30	81	87	87	20	52	8

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Muchinga Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Nakonde</i>	1. Nakonde RHC	Rural	◆ ²	◆	◆	◆	◆ ³		⊙
	2. Chilolwa RHC	Rural		◆	◆	◆		◆	
	3. Waitwika RHC	Rural		◆	◆	◆		◆	
	4. Mwenzo RHC	Rural	◆ ²	◆	◆	◆		◆	
	5. Ntatumbila RHC	Rural	◆ ¹	◆	◆	◆		◆	
	6. Chozi RHC	Rural	◆ ²	◆	◆	◆		◆	
	7. Chanka RHC	Rural		◆	◆	◆			
	8. Shem RHC	Rural		◆	◆	◆			
<i>Mpika</i>	9. Mpika DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	10. Mpika HC	Urban		◆	◆	◆		◆	
	11. Mpepo RHC	Rural	◆ ²	◆	◆	◆	◆	◆	
	12. Chibansa RHC	Rural		◆	◆	◆	◆	◆	
	13. Mpumba RHC	Rural		◆	◆	◆		◆	
	14. Mukungule RHC	Rural		◆	◆	◆		◆	
	15. Mpika TAZARA	Rural	◆ ²	◆	◆	◆		◆	
	16. Muwele RHC	Rural		◆	◆	◆			
	17. Lukulu RHC	Rural		◆	◆	◆			
	18. ZCA Clinic	Rural		◆	◆	◆			
	19. Chikakala RHC	Rural		◆	◆	◆			
<i>Chinsali</i>	20. Chinsali DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	21. Chinsali HC	Urban		◆	◆	◆		◆	
	22. Matumbo RHC	Rural	◆ ²	◆	◆	◆		◆	
	23. Shiwa Ng'andu RHC	Rural		◆	◆	◆			
	24. Lubwa RHC	Rural	◆ ²	◆	◆	◆	◆		
	25. Mundu RHC	Rural		◆	◆	◆			
	26. Mwika RHC	Rural		◆	◆	◆			
	27. Kabanda RHC	Rural		◆	◆	◆			
<i>Isoka</i>	28. Isoka DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	29. Isoka UHC	Urban		◆	◆	◆	◆	◆	
	30. Kalungu RHC	Rural	◆ ²	◆	◆	◆		◆	
	31. Kampumbu RHC	Rural		◆	◆	◆			
	32. Kafwimbi RHC	Rural		◆	◆	◆			
<i>Mafinga</i>	33. Muyombe	Rural	◆ ²	◆	◆	◆	◆	◆	
	34. Thendere RHC	Rural	◆ ²	◆	◆	◆	◆		
Totals			14	34	34	34	10	16	4

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

Northern Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Kasama</i>	1. Kasama GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Kasama UHC	Urban	◆ ²	◆	◆	◆	◆	◆	
	3. Location UHC	Urban	◆ ¹	◆	◆	◆	◆ ³		
	4. Chilubula (CHAZ)	Rural	◆ ²	◆	◆	◆	◆ ³		
	5. Lukupa RHC	Rural	◆ ²	◆	◆	◆	◆	◆	
	6. Lukashya RHC	Rural		◆	◆	◆		◆	
	7. Misengo RHC	Rural		◆	◆	◆		◆	
	8. Chiongo RHC	Rural		◆	◆	◆		◆	
	9. Chisanga RHC	Rural	◆ ²	◆	◆	◆		◆	
	10. Mulenga RHC	Rural		◆	◆	◆		◆	
	11. Musa RHC	Rural	◆ ²	◆	◆	◆		◆	
	12. Kasama Tazara	Rural		◆	◆	◆		◆	
	13. Lubushi RHC (CHAZ)	Rural		◆	◆	◆		◆	
<i>Mbala</i>	14. Mbala GH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	15. Mbala UHC	Urban		◆	◆	◆		◆	
	16. Tulemane UHC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	17. Senga Hills RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	18. Chozi Mbala Tazara RHC	Rural		◆	◆	◆		◆	
	19. Mambwe RHC (CHAZ)	Rural		◆	◆	◆	◆	◆	
	20. Mpande RHC	Rural		◆	◆	◆			
	21. Mwamba RHC	Rural		◆	◆	◆			
	22. Nondo RHC	Rural	◆ ²	◆	◆	◆			
	23. Nsokolo RHC	Rural		◆	◆	◆			
	24. Kawimbe RHC	Rural		◆	◆	◆			
<i>Mpulungu</i>	25. Mpulungu HC	Urban	◆ ¹	◆	◆	◆	◆ ³		⊙
	26. Isoko RHC	Rural		◆	◆	◆			
	27. Chinakila RHC	Rural		◆	◆	◆			
<i>Mporokoso</i>	28. Mporokoso DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	29. Mporokoso UHC	Urban	◆ ¹	◆	◆	◆	◆	◆	
	30. Chishamwamba RHC	Rural		◆	◆	◆			
	31. Shibwalya Kapila RHC	Rural		◆	◆	◆			
	32. Chitoshi RHC	Rural	◆ ²	◆	◆	◆			
<i>Luwingu</i>	33. Luwingu DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙
	34. Namukolo Clinic	Urban		◆	◆	◆		◆	
<i>Kaputa</i>	35. Kaputa RHC	Rural	◆ ²	◆	◆	◆	◆ ³		⊙
	36. Nsumbu RHC	Rural		◆	◆	◆	◆	◆	
	37. Kampinda RHC	Rural		◆	◆	◆	◆	◆	
	38. Kalaba RHC	Rural		◆	◆	◆	◆	◆	
	39. Kasongole RHC	Rural		◆	◆	◆			
<i>Mungwi</i>	40. Chitimukulu RHC	Rural		◆	◆	◆		◆	
	41. Malole RHC	Rural	◆ ²	◆	◆	◆		◆	
	42. Nseluka RHC	Rural	◆ ²	◆	◆	◆		◆	
	43. Chimba RHC	Rural		◆	◆	◆		◆	
	44. Kapolyo RHC	Rural		◆	◆	◆		◆	
	45. Mungwi RHC (CHAZ)	Rural	◆ ²	◆	◆	◆	◆		⊙

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Chilubi Island</i>	46. Makasa RHC	Rural		◆	◆	◆			
	47. Ndasu RHC	Rural		◆	◆	◆			
	48. Chaba RHC	Rural		◆	◆	◆		◆	
	49. Chilubi Island RHC	Rural	◆ ²	◆	◆	◆	◆		
	50. Matipa RHC	Rural		◆	◆	◆		◆	
Totals			21	50	50	50	17	27	6

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
⊙ MC sites	2 = ART Static Site
⊙ ¹ MC services initiated	3 = Referral laboratory for CD4

North-Western Province

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
<i>Solwezi</i>	1. Solwezi UHC	Urban	◆ ²	◆	◆	◆	◆ ³		
	2. Solwezi GH	Urban	◆ ²	◆	◆	◆	◆ ³		
	3. Mapunga RHC	Rural		◆	◆	◆		◆	
	4. St. Dorothy RHC	Rural	◆ ¹	◆	◆	◆	◆	◆	
	5. Mutanda HC	Rural		◆	◆	◆		◆	
	6. Maheba D RHC	Rural		◆	◆	◆	◆	◆	
	7. Mumena RHC	Rural		◆	◆	◆		◆	
	8. Kapijimpanga HC	Rural		◆	◆	◆		◆	
	9. Kanuma RHC	Rural		◆	◆	◆			
	10. Kyafukuma RHC	Rural		◆	◆	◆		◆	
	11. Lwamala RHC	Rural		◆	◆	◆		◆	
	12. Kimasala RHC	Rural		◆	◆	◆			
	13. Lumwana East RHC	Rural		◆	◆	◆			
	14. Maheba A RHC	Rural		◆	◆	◆			
	15. Mushindamo RHC	Rural		◆	◆	◆			
	16. Kazomba UC	Urban		◆	◆	◆			
	17. Mushitala UC	Urban		◆	◆	◆			
	18. Shilenda RHC	Rural		◆	◆	◆			
<i>Kabompo</i>	19. Kabompo DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	20. St. Kalembe (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆ ³		
	21. Mumbeji RHC	Rural		◆	◆	◆		◆	⊙ ¹
	22. Kasamba RHC	Rural		◆	◆	◆		◆	
	23. Kabulamema RHC	Rural		◆	◆	◆			
	24. Dyambombola RHC	Rural		◆	◆	◆			
	25. Kayombo RHC	Rural		◆	◆	◆			
	26. Kashinakazhi RHC	Rural		◆	◆	◆			
<i>Zambezi</i>	27. Zambezi DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	28. Zambezi UHC	Urban			◆	◆		◆	
	29. Mize HC	Rural		◆	◆	◆		◆	
	30. Chitokoloki (CHAZ)	Urban	◆ ¹	◆	◆	◆	◆ ³		
	31. Mukandakunda RHC	Rural		◆	◆	◆			
	32. Nyakulenga RHC	Rural		◆	◆	◆			
	33. Chilenga RHC	Rural		◆	◆	◆			
	34. Kucheka RHC	Rural		◆	◆	◆			
	35. Mpidi RHC	Rural		◆	◆	◆			
<i>Mwinilunga</i>	36. Mwinilunga DH	Urban	◆ ²	◆	◆	◆	◆ ³		⊙ ¹
	37. Kanyihampa HC	Rural		◆	◆	◆		◆	
	38. Luwi (CHAZ)	Rural	◆ ¹	◆	◆	◆	◆ ³		
	39. Lwawu RHC	Rural		◆	◆	◆			
	40. Nyangombe RHC	Rural		◆	◆	◆			
	41. Sailunga RHC	Rural		◆	◆	◆			
	42. Katyola RHC	Rural		◆	◆	◆			
	43. Chiwoma RHC	Rural		◆	◆	◆			
	44. Lumwana West RHC	Rural		◆	◆	◆			
	45. Kanyama RHC	Rural		◆	◆	◆			
<i>Ikelenge</i>	46. Ikelenge RHC	Rural		◆	◆	◆		◆	⊙ ¹

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
	47. Kafweku RHC	Rural		◆	◆	◆			
<i>Mufumbwe</i>	48. Mufumbwe DH	Rural	◆ ¹	◆	◆	◆	◆ ³		◎ ¹
	49. Matushi RHC	Rural		◆	◆	◆		◆	
	50. Kashima RHC	Rural		◆	◆	◆			
	51. Mufumbwe Clinic	Rural		◆	◆	◆		◆	
<i>Chavuma</i>	52. Chiyeke RHC	Rural	◆ ¹	◆	◆	◆	◆ ³		◎ ¹
	53. Chivombo RHC	Rural		◆	◆	◆		◆	
	54. Chiingi RHC	Rural		◆	◆	◆		◆	
	55. Lukolwe RHC	Rural		◆	◆	◆	◆	◆	
	56. Nyatanda RHC	Rural		◆	◆	◆			
<i>Kasempa</i>	57. Kasempa UC	Urban	◆ ¹	◆	◆	◆	◆ ³		◎ ¹
	58. Nselauke RHC	Rural		◆	◆	◆		◆	
	59. Kankolonkolo RHC	Rural		◆	◆	◆			
	60. Lunga RHC	Rural		◆	◆	◆			
	61. Dengwe RHC	Rural		◆	◆	◆			
	62. Kamakechi RHC	Rural		◆	◆	◆			
	63. Mukunashi RHC	Rural		◆	◆	◆			
Totals			12	62	63	63	14	20	8

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
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◎ ¹ MC services initiated	3 = Referral laboratory for CD4

ANNEX E: ZPCT II Private Sector Facilities and Services

District	Health Facility	Type of Facility (Urban/Rural)	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4	MC
Central Province									
Kabwe	1. Kabwe Medical Centre	Urban		◆	◆	◆	◆		
	2. Mukuni Insurance Clinic	Urban			◆	◆	◆		
	3. Provident Clinic	Urban		◆	◆	◆	◆		
Mkushi	4. Tusekelemo Medical Centre	Urban	◆	◆	◆	◆	◆		
Copperbelt Province									
Ndola	5. Hilltop Hospital	Urban	◆	◆	◆	◆	◆	◆	
	6. Maongo Clinic	Urban	◆	◆	◆	◆	◆	◆	
	7. Chinan Medical Centre	Urban	◆	◆	◆	◆	◆	◆	
	8. Telnor Clinic	Urban	◆	◆	◆	◆	◆	◆	
	9. Dr Bhatt's	Urban	◆		◆	◆		◆	
	10. ZESCO	Urban	◆	◆	◆	◆	◆	◆	
	11. Medicross Medical Center	Urban	◆		◆	◆	◆	◆	
	12. Northrise Medical Centre	Urban		◆	◆	◆	◆	◆	
	13. Indeni Clinic	Urban		◆	◆	◆	◆	◆	
Kitwe	14. Company Clinic	Urban	◆	◆	◆	◆	◆ ³		
	15. Hillview Clinic	Urban	◆	◆	◆	◆	◆	◆	
	16. Kitwe Surgery	Urban	◆	◆	◆	◆		◆	
	17. CBU Clinic	Urban	◆	◆	◆	◆	◆	◆	
	18. SOS Medical Centre	Urban	◆		◆	◆	◆ ³		
	19. Tina Medical Center	Urban	◆	◆	◆	◆	◆ ³		
	20. Carewell Oasis clinic	Urban	◆	◆	◆	◆	◆	◆	
	21. Springs of Life Clinic	Urban	◆	◆	◆	◆		◆	
	22. Progress Medical Center	Urban	◆	◆	◆	◆	◆	◆	
Kalulushi	23. CIMY Clinic	Urban	◆		◆	◆		◆	
Chingola	24. Chingola Surgery	Urban		◆	◆	◆	◆	◆	
Mpongwe	25. Nampamba Farm Clinic	Rural		◆	◆	◆		◆	
Luapula Province									
Mwense	26. ZESCO Musonda Falls	Rural	◆	◆	◆	◆			
North-Western Province									
Solwezi	27. Hilltop Hospital	Urban	◆	◆	◆	◆	◆		⊙ ¹
	28. Solwezi Medical Centre	Urban	◆	◆	◆	◆	◆		⊙ ¹
	29. St. Johns Hospital	Urban	◆	◆	◆	◆	◆		⊙ ¹
	30. Chikwa Medics	Urban	◆	◆	◆	◆		◆	
Totals			23	26	30	30	20	17	3

ART – Antiretroviral Therapy; CC – Clinical Care; CT – Counseling and Testing; PMTCT – Prevention of Mother to Child Transmission; MC – Male Circumcision

◆ ZPCT II existing services	1 = ART Outreach Site
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⊙ ¹ MC services initiated	3 = Referral laboratory for CD4